

4871  
FURTHER

R E P O R T

OF THE

COMMISSIONERS IN LUNACY,

TO THE

LORD CHANCELLOR.

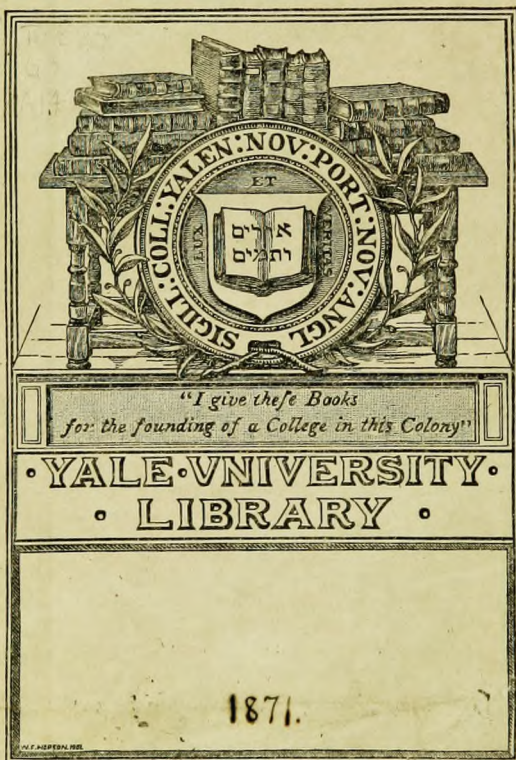
PRESENTED TO BOTH HOUSES OF PARLIAMENT BY COMMAND  
OF HER MAJESTY.



London:

SHAW AND SONS, PRINTERS, FETTER LANE.

1847.



TRANSFERRED TO  
YALE MEDICAL LIBRARY











W. F. L. O. T.

COMMISSIONERS IN CHARGE

OF THE LAND OFFICE

AND THE LAND OFFICE  
OF THE LAND OFFICE



THE LAND OFFICE



FURTHER

# R E P O R T

OF THE

COMMISSIONERS IN LUNACY,

TO THE

LORD CHANCELLOR.

---

*Gt. Brit. Lunacy commission*  
PRESENTED TO BOTH HOUSES OF PARLIAMENT BY COMMAND  
OF HER MAJESTY.



London :

SHAW AND SONS, PRINTERS, FETTER LANE.

1847.

RC450

G5

847R



## COMMISSIONERS IN LUNACY.

---

LORD ASHLEY.

LORD SEYMOUR.

THE RIGHT HON. ROBERT VERNON SMITH.

ROBERT GORDON, Esq.

FRANCIS BARLOW, Esq.

DOCTOR THOMAS TURNER.

DOCTOR JOHN ROBERT HUME.

DOCTOR JAMES COWLES PRICHARD.

BRYAN WALLER PROCTER, Esq.

JAMES WILLIAM MYLNE, Esq.

WILLIAM GEORGE CAMPBELL, Esq.

**Secretary** :—R. W. SKEFFINGTON LUTWIDGE, Esq.

OFFICE, 19, *New Street,*  
*Spring Gardens.*

# CONTENTS.

---

	PAGE
Introduction	1

## PART I.

Acts passed since Report of 1844	1
Duties of Commissioners	2
Preliminary Proceedings of Commissioners	5
New Asylums and Licensed Houses	7
Hospital and Licensed Houses discontinued	9
Number of Asylums, &c., Workhouses, and Gaols, subject to Visitation	11
Proceedings under Act 8 & 9 Vict. c. 100—	
Licences	12
Transfer of Patients	14
Revocation of Licences	14
Hospitals	15
Orders and Medical Certificates	18
Books, Registers, &c.	19
Night Visits	20
Liberation of Patients	20
Dietaries	21
Search of Register	22
Temporary Removal for Health	22
Private Committee and Single Patients	22
Property of Lunatics	28



<i>Proceedings, &amp;c.—continued.</i>	two
<i>Quota</i>	29
<i>Visitation of Patients and Inspection of Houses under Orders of Local Commissioners</i>	30
<i>Proceedings under Act 8 &amp; 9 Vict. c. 120—</i>	
County and Borough Asylums, Plans, Agreements, &c.	30
General Rules	46

## PART II.

*On the present state of Lunacy and Lunatic Asylums*

<i>Preliminary observations</i>	53
<i>Return of Insane persons to England and Wales</i>	54
<i>Numbers of Insane in Asylums, &amp;c., on 1st January, 1847</i>	55
<i>Number of persons engaged in the care of the Insane</i>	56
<i>Number of Lunatic Establishments</i>	56
<i>Cost of public Asylums</i>	57
<i>Value of property belonging to Lunatics</i>	57
<i>Estimate of annual expenditure</i>	58
<i>Result as to numbers and expenditure</i>	59
<i>Improvement in Lunatic Establishments</i>	61
<i>Benefits arising from supervision</i>	62
<i>Services of Medical Superintendents</i>	62
<i>Superiority of Public Asylums for Lunatic Poor</i>	63
<i>Improvement subject to fluctuation</i>	64
<i>Reference to Parliamentary Inquiries of 1807, 1815 and 1816, and former condition of Pauper Lunatics</i>	65, 66, 67
<i>Powers of Justices under 17 Geo. 2, c. 3</i>	67
<i>Utility of Act 14 Geo. 3, c. 49</i>	68
<i>§ Geo. 4, c. 41, passed: its powers</i>	69, 70
<i>Former abuses</i>	71
<i>Suppression of House at Plinthis</i>	72
<i>Do. at Edinburgh</i>	73
<i>York Lunatic Hospital: its former condition</i>	74
<i>Its present state</i>	75

	PAGE
Bethlem Hospital in 1815 - - - -	77
Its present state - - - -	78
St. Luke's Hospital: its former condition - - - -	78
Its recent and present state - - - -	79
Horton House: its former condition - - - -	80
Its present state - - - -	81
Bethnal Green Asylum: its state in 1815, 1816, and 1822 - - - -	83
In 1828 - - - -	85
Improvements set forth - - - -	86, 87, 88
Peckham House: its condition - - - -	89
Improvements set forth - - - -	90
Effect of frequent scrutinees - - - -	92
Necessity of independent supervision - - - -	93

*Asylums and Licensed Houses unadvertised upon in Report of 1844, with their present Condition;—viz.*

Asylum at Haverfordwest - - - -	93
St. Peter's Hospital, Bristol - - - -	95
Lainston House - - - -	97
West Auckland Asylum - - - -	97
Wreckenton Asylum - - - -	97
Greenhill House, Derby - - - -	98
Grove House, Nursling - - - -	99
Plympton House - - - -	99
Moor Cottage, Nuskeeling - - - -	101
Asylum at West Malling - - - -	101
Bailbrook House - - - -	102
Hilsea Asylum - - - -	103
Sandfeld Asylum, near Lichfield - - - -	103

Defects noticed in the following Establishments—

Asylum at Beiton Ferry - - - -	105
Castleton Lodge, near Leeds - - - -	106
Dunnington Asylum, near York - - - -	106
Beech House - - - -	106
Belle Vue House, Derwent - - - -	106
Kingsland Asylum, Shrewsbury - - - -	107



	page
<i>Defects, &amp;c.—continued.</i>	
Asylums at Ludlow - - - - -	107
Habstock - - - - -	107
Great Wigston - - - - -	107
Gateshead Fell - - - - -	107
General Treatment of Patients - - - - -	107
Attendants, Registry of - - - - -	108
Restraint - - - - -	109
Clothing and Bedding - - - - -	112
Diet - - - - -	113
Payments for Paupers - - - - -	116
Medical Treatment - - - - -	117
Workhouse - - - - -	118
Mortality of Lunatics - - - - -	119
Means necessary for securing good treatment, &c. - - - - -	128
Visits of Justices - - - - -	129
Importance of regular Visitation - - - - -	132
Official business of the Commission - - - - -	134

## PART III.

*Special Investigations.*

Gate Hellensley Retreat—revocation of Licence, &c. - - - - -	137
Arrest for Debt in an Asylum—Case of <i>Levin P.</i> - - - - -	144
Lincoln Lunatic Hospital - - - - -	166
Kingsdown House, Box - - - - -	166
Case of <i>Mrs. Rhodes</i> - - - - -	169
Haydock Lodge Asylum - - - - -	165
Cowper House, Brompton - - - - -	168
Unlicensed Houses - - - - -	171
Prosecution of Attendants - - - - -	172

## PART IV.

*Medical and Moral Treatment.*

Medical Treatment adopted in various Institutions	176
Circular and Queries issued	177
List of Medical Gentlemen from whom answers received	178
Treatment of Mania—	
General Bleeding	182
Local Bleeding	183
Emetics and Purgatives	187
Opium and other Narcotics	189
Cold and Warm Baths	198
Diet and Stimulants	201
Treatment of Melancholia	204
Treatment of Epilepsy complicated with Insanity	210
Treatment of General Paralysis of the Insane	217
Moral Treatment	220

## APPENDICES.

A. Report to Poor-law Commissioners relative to Work-houses	281
B. Numbers, &c., of Patients in Asylums, &c., 1st Jan., 1847	309
C. Queries to be answered by Applicants for Licenses	319
D. Order as to Case Book	321
E. Papers relative to Plans, &c., for Asylums	323
F. General Rules for Asylums	325
G. Extracts from Entries by Commissioners at Bethnal Green Asylum, Hoxton House, and Peckham House	337
H. Reports, &c., relative to Lincoln Lunatic Hospital	353
I. Summary of Returns of Pauper Lunatics	383
L. Medical Treatment now in use in the principal Lunatic Establishments in England	389
M. Form of Annual Account	407

TO THE LORD HIGH CHANCELLOR  
OF ENGLAND.

---

*Office of Commissioners in Lunacy,  
24th June, 1847.*

MY LORD,—Having in compliance with the 88th section of the Act 8 & 9 Vict. c. 100, lately submitted to your Lordship our Annual Report, indicative of the general state and condition of the several Houses, Hospitals, Asylums, and other places subjected to our visitations, and having therein intimated an intention of making, after the first year of our labours should have terminated, a further Report of such facts, relative to the treatment and condition of the Insane, as we might think deserving of especial remark, we now proceed to report accordingly.

I.

Since the Report\* made by the Metropolitan Commissioners in Lunacy, to the Lord Chancellor in the year 1844, two Acts of Parliament (as your Lordship is aware) have passed, and are now in force; the one (8 & 9 Vict. c. 100,) being for regulating the cure and treatment of Lunatics generally; and the other (8 & 9 Vict. c. 126,) being for the provision and regulation of Lunatic Asylums for Com-

Acts passed since the Report of 1844.

8 & 9 Vict. c. 100.

8 & 9 Vict. c. 126.

---

\* This Report is referred to throughout the present document, as the Report of 1844.



ties and Boroughs, and the maintenance and care of Pauper Lunatics therein. It is under these two Acts that our present powers are exercised, and our various duties imposed, and to these it may be convenient in the first instance briefly to advert.

Duties of  
Commissioners,  
under  
6 & 7 Vict.  
c. 100.

Under the first Act (c. 100.) our principal duties may be thus summarily stated (*viz.*):

1st.—To hold Boards or Meetings for licensing certain houses receiving Lunatics, and for other purposes, connected with the Commissions, *whenever necessary* (ss. 15, 16).

2nd.—To visit all the County and Borough Asylums, Gaols (containing Lunatics), Hospitals and Licensed Houses in England and Wales, to inspect every part thereof, to see every patient therein, and to make certain inquiries relative thereto; the visitations to be made to the Asylums, Gaols and Hospitals once a year; to the Licensed Houses in the Provinces twice a year; and to the Licensed Houses within the Metropolitan district four times in every year (ss. 61, 110).

3rd.—To examine and make entries in the several books kept at every Hospital and Licensed House throughout the Kingdom; showing the result of our inquiries, the condition of the establishment, and the treatment of the patients therein, at the time of each visitation; and also to make Reports thereon (to the Board) as occasion may require (ss. 66, 67, 68).

4th.—To visit all the Parish and Union Workhouses in England and Wales, and the Pa-

tients therein, to make certain inquiries there, and to report to the Poor Law Commissioners (s. 111.)

5th.—To inquire into the property of Lunatics, and report thereon to your Lordship; and to examine into the cases of single patients (ss. 80—95).

Under the second Act (c. 126,) our principal duties appear to be as follows:

*Under 2 & 3  
Vict. c. 126.*

1st.—To receive and take into consideration all proposals and agreements for uniting Counties and Boroughs, and for building and providing Asylums, buildings, yards, and other accommodations for Pauper Lunatics, and all contracts and plans intended to be adopted; to make inquiries relative thereto, and to report thereon to one of Her Majesty's principal Secretaries of State, (s. 28,) and to make the same inquiries and report relative to all contracts for the maintenance of Paupers in Licensed Houses (s. 29).

2nd.—To receive and make abstracts (yearly) of the accounts of all moneys received and paid on account of all County and Borough Asylums, for the purpose of the same being submitted to both Houses of Parliament (s. 44).

Collaterally with the several matters before specified, duties of a very onerous and multifarious kind have devolved upon us, to which we can only refer in general terms. These consist in reviewing and considering the sufficiency of all orders, medical certificates, notices, statements, and other

*Various other  
duties imposed  
by the Act.*

returns transmitted to us upon the occasion of the admission, discharge, death, removal and escape of every Lunatic; the nature and sufficiency of every medical and other register required to be kept by each of the above-mentioned Acts; the correctness of all Licences granted in the Provinces, and the suggestions of all Visiting Justices; together with many other matters having reference to the condition of the various Asylums receiving Lunatics, the conduct of the proprietors, medical officers, and servants in those establishments, and the general welfare of all Lunatic Patients.

Connected with the foregoing subjects, and indeed arising out of them, and of the Acts now in force, we have found it necessary to carry on an extensive correspondence with numerous parties, some demanding the interposition of our authority, in reference to cases of supposed abuse; many requiring information, and many others neglecting or misinterpreting the salutary provisions of the Acts of Parliament; and in the course of this correspondence, numerous questions (some of much nicety and difficulty,) have been submitted to us. We have also found it necessary to enter into long and difficult investigations, some of which will be specially noticed hereafter.

We have thought it right to direct your Lordship's attention generally to these points; because some of the subjects to which we have adverted have unexpectedly added very largely to the labours of the Medical and Legal Commissioners, and have neces-



sarily occupied a great portion of time at each of the ordinary meetings of the Board.

In order to enter at once upon the performance of the duties prescribed by the Act 8 & 9 Viet. c. 100, a competent number of the Commissioners assembled on the 14th of August, 1845, and, after electing Lord Ashley to be permanent Chairman of the Commission (pursuant to the 8th section of the Act,) proceeded to divide the whole of England and Wales into several districts, and to apportion the visitations to be made therein, as equally as appeared practicable, amongst the six Medical and Legal Commissioners. Your Lordship is aware that, under the Act last referred to, although the business of the quarterly and other meetings may be shared by all the Members of our body without distinction, a Medical and a Legal Commissioner are directed to be associated in all visitations prescribed by the Act. The duties of visiting all places throughout the kingdom in which persons alleged to be of unsound mind are confined, of examining the Patients, and of making the proper Entries and Reports consequent thereon, are therefore divided between six Commissioners: one Physician and one Barrister being engaged simultaneously, and forming a necessary quorum upon every visit.

The Meeting held on the 14th was adjourned to the 15th, and subsequently to the 20th August (the interval between the two last days being occupied in determining on the forms of the books

First Meeting of the Commissioners.

Permanent Chairman appointed. England and Wales divided into Districts for Visitation.

All Visitations to be made by a Medical and a Legal Commissioner (b. 61).

Forms of Books and Registers determined on, &c.

and other registers to be kept, and in making various similar arrangements), after which the Provincial Visitations, which occupy the largest portion of time, were commenced. Soon after their commencement, however, it was discovered that questions of an important nature, requiring the assistance of the Medical and Legal Commissioners were occurring continually at the office in London; and it was found necessary that meetings should be held there once a week at least, in order to keep down the current business of the Commission. An order was therefore issued by the Board, directing that a Meeting for the dispatch of ordinary business, should be held every week, at which our Medical and one Local Commissioner should attend; and that a monthly meeting should be held for the purpose of deliberating on the more important and difficult questions that might come before us, and that such last-mentioned meetings should be attended by all the Medical and Legal Commissioners, unless business of a special and urgent nature, connected with the Commission, should require their presence elsewhere.

Ordinary  
Meetings  
held weekly.

Monthly  
Meetings.

It seems unnecessary to detain your Lordship further, by entering into more minute details of the various arrangements which, after the best consideration that we could give to the subject, we thought it expedient to adopt, for the purpose of rendering our supervision of the various Lunatic Establishments in the country as complete as possible. We shall therefore now proceed to enumerate the several Asylums, Hospitals, and Licensed Houses

which are subject to our visitation, and shall then set forth such facts relating to them and to other matters connected with the Insane, as we may deem fit to bring under your notice.

In the first place, it should be observed, that since the Report of 1844 was made, several Asylums and Licensed Houses, not mentioned in that Report have been opened for the reception of the Insane, and that several Licensed Houses mentioned therein have been discontinued.

*Asylums, As-  
sented, and  
Licensed  
Houses dis-  
continued,  
see Report  
of 1844.*

The following is a list of the County Asylums, Hospitals, and Licensed Houses, which have been opened\* for the reception of Insane Patients, since the date of that Report, viz.:

*Asylums, As-  
sented.*

1. An Asylum for the County of Oxford, situate at Littlemore, near the City of Oxford.
2. An Asylum for the County of Devon, situate at Exminster, near Exeter.
3. An Asylum for the County of Salop, situate at Birston, near Shrewsbury.
4. An Asylum for the North and East Ridings of the County of York, situate at Clifton, near the City of York.
5. Abington Abbey Retreat, near Northampton (a Lunatic Hospital).
6. Grindon Hall, near Sunderland, in the County of Durham.

---

\* A portion of the Exeter Workhouse, made a County Asylum under a Local Act, was omitted in the enumeration of Lunatic Establishments in the Report of 1844.



7. Crane Hall, near Ipswich, in the County of Suffolk.

8. Knele House, Frint, in the County of Sussex.

9. Darnall House, near Sheffield, in the County of York.

10. Hunningham Hall, near Leamington, in the County of Warwick.

11. Watchbury House, Barford, near Warwick.

12. A House at Warwick, of which Mr. H. Brown is Proprietor.

13. A House in Church Street, Epsom, in the County of Surrey, Mr. G. Stilwell, Surgeon.

14. Burgh Hall, near Chorley, in the County of Lancaster.

15. The Infirmary Bethel, being an establishment in connection with the Workhouse of the City of Norwich, in the County of Norfolk.

16. Grove Hall, Bow, near London.

17. Camberwell House, Camberwell.

18. York House, Battersea.

19. Sussex House, Hammersmith.

20. Brandenburg House, ditto.

21. Vimiera House, ditto.

22. Elm House, Chelsea.

23. Lawn House, Hanwell.

24. Halliford House, near Sunbury.

25. Grove End Villa, St. John's Wood, Middlesex.

26. Certain Wards in the Mary-le-Bone Workhouse, in the County of Middlesex.

*Asylums, &c.  
in progress,  
&c.*

Additional accommodation for Pauper Lunatics has also been provided in the West Riding of the County of York, by the erection of a building

of considerable extent, in connection with, and immediately adjoining the existing Asylum near Wakefield.

An Asylum for the County of Somerset, situate near Wells, calculated for the reception of Pauper Patients, is nearly completed.

An Asylum for the joint use of the Counties of Denbigh, Flint, Caernarvon, Anglesea, and Merioneth, is in course of erection near Denbigh. This Asylum is of a mixed character, being erected partly at the expense of the several Counties and partly by subscription, and is intended for the reception of both Pauper and Private Patients.

In addition to the above, several new Asylums, under the provisions of the Act 8 & 9 Vict. c. 126, are in progress of erection, or about to be established, a list of which will be found in a subsequent part of this Report.

The following are the Licensed Houses and Hospitals which have been discontinued within the same period (viz.):

1. The Lunatic Hospital at Manchester.
2. Weston House, in the Parish of St. Pancras.
3. Oakley-Cottage, Harrow.
4. The House in Pembroke Square, Kensington.
5. Manor Cottage, Chelsea.
6. The House, West Auckland, in the County of Durham (Licence refused).
7. Lainston House, near Winchester.

Hospital and  
Licensed  
Houses dis-  
continued.

8. Hilsen Asylum, near Portman.
9. The House at Morda, near Gouernsey.
- 10 and 11. The Houses at Fonthill Gifford, and at Calne, in the county of Wilts.
12. Gate Helmsley Retreat, near York (Licence revoked.)
13. Denham Park, near Uxbridge.
14. Harefield Park, near Uxbridge.
15. Fieldhead House, Wakefield.
16. Painthorpe House, near Wakefield.
17. And the house of Mr. H. Brown, at Henley-in-Arden.

Transfer of  
Patients.

In the cases of Painthorpe House, the House in Pembroke Square, Kensington, Manor House, Chelsea, and Mr. Brown's House, at Henley-in-Arden, the patients have merely been transferred from those establishments to others; Darnall Hall, receiving the patients from Painthorpe; Grove End Villa, St. John's Wood, those from Pembroke Square; and the house at Warwick, those from Henley-in-Arden.

Non-renewal  
of a Licence  
granted in  
1845.

A small House at Hillingdon, near Uxbridge, called Norland House, was also opened for the reception of patients in 1845, but we subsequently felt it our duty to refuse to renew the Licence.

Number of  
Asylums,  
Hospitals,  
Licensed  
Houses,  
Workhouses,  
and Schools  
now subject  
to Visitation.

It appears, therefore, that independently of the several Asylums now in progress, there are distributed throughout England and Wales, Asylums, Hospitals and Licensed Houses, which are at present subject to our ordinary visitations, viz. :



<i>Asylums</i> —some being County Asylums, receiving only Lunatic Paupers, and others being County and Subscription Asylums, receiving both Private and Pauper Lunatics - - - -	21
<i>Hospitals</i> —receiving Lunatics - -	11
<i>Houses</i> —licensed by the Justices in Session, viz., which receive Private Patients only, Private and Pauper Patients, or Pauper Patients only - - -	96
<i>Houses</i> —licensed by the Commissioners in Lunacy, viz., — which receive Private Patients only, Paupers as well as Private Patients, or Pauper Patients only - -	48
Total - - - -	176
<i>Workhouses</i> —(in Unions and Parishes) estimated at - - - -	750
<i>Goals</i> —containing Lunatics, say - -	20
To which may be added the Hospital of Bethlehem, and the Military and Naval Hospitals, which are liable to be visited by us under the authority of the Lord Chancellor, or of one of Her Majesty's principal Secretaries of State (ss. 113, 116) - - -	3
Total number of Asylums, Houses, and Places subject to Visitation - -	949

A List, containing the names of the several Asy-

lums, Hospitals and Licensed Houses existing on the 1st of January, 1847, together with the number of Patients then confined in each, and showing in most cases, how many Patients, at the last visit of the Commissioners, were subjected to restraint, or were under medical treatment, will be found on reference to Appendix (B.) to this Report.

*Inquiries and proceedings under particular Sections of Acts.*

We now propose to bring under your Lordship's observation, 1st, Such matters deserving notice as have come before us under the new enactments; 2ndly, Certain matters of a special nature which have been investigated by us; 3rdly, The general state of Lunacy and Lunatic Asylums in this country, and 4thly, The Medical and Moral Treatment now in use in the principal Asylums receiving Lunatics.

*As to the Act 8 & 9 Viet. c. 100.*

*8 & 9 Viet. c. 100.  
New Licences—Practice relative to.*

*Inspection of Premises, &c.*

SECS. 15, 24. In order to ensure, as far as possible, the comfort of Patients, on their admission into new establishments, we have adopted the following practice in reference to Houses within our immediate jurisdiction. On receiving an application for a Licence, we appoint two members of the Commission to inspect the House proposed to be licensed, and if they report it to be unobjectionable in point of structure, and to be sufficiently spacious and otherwise fit for the accommodation of the number of Patients sought to be received, then (and not till then) we intimate to the applicant our intention to license the House if, on a second inspection, it shall

be found to be properly furnished, and fully provided with means for accommodating and taking care of the Patients. We consider it most important that means should be taken to ascertain that a House is actually in a fit state for the reception of the Patients before the Licence is granted or delivered to the Proprietor. Upon one or two occasions we have found that these precautions have been neglected previous to licensing Houses in the Provinces; and on the event occurring in one of the Midland Counties, we thought it expedient to bring the subject to the notice of the Committee of Visitors, and at the same time suggested whether they might not with propriety bring the subject before the Justices of the County at their next Session, in order that some plan (similar to that now in use in the Metropolitan District) might be adopted for the better care and protection of their County Lunatics. Our suggestion was most readily concurred in by the Committee of Visitors, and as readily adopted by the Justices in Session; and we think it deserving the consideration of the Magistracy on all future occasions.

Licence not granted till House fit for reception of Patients.

With a view also of satisfying ourselves in reference to the character of every person applying for a licence, and of his being possessed of sufficient funds to provide properly for the comforts of his Patients, and to ascertain also whether or not he is liable to be controlled by other parties not subjected to our authority, we have thought it expedient to draw up the series of questions which will be found in Appendix (C.) to this Report. And it is

Enquiries relative to Applicants.

Appendix (C.)



our present practice to require that these questions should be satisfactorily answered, before we entrust any person with a licence to receive Insane Patients in his Establishment.

*Transfer of  
Patients.*

Sec. 40. The power contained in this section, authorizing us to sanction the transfer, by a licensed Proprietor, of his Patients, from one House to another, has been exercised in only one instance, in which the Proprietor removed the Patients confined in a small Metropolitan Asylum into a more extensive Establishment, situate in one of the Midland Counties.

*Revocation  
of Licence.*

Sec. 42. We have, in one case only, thought ourselves imperatively called upon to exercise the power given to us by this provision of the Act, and to recommend the revocation of the licence granted to Mr. James Martin, to use the house and premises called Gate Helmsley Retreat, near York, as a receptacle for the Insane. The circumstances which induced us to resort to this severe step, will be found set forth in Part II. of this Report. We have occasionally felt dissatisfied with some few other existing Establishments; but we have generally found that the suggestions made by us, from time to time, for the improvement of the various Licensed Houses in which we have observed any defects, have been ultimately acceded to and adopted. In regard to Houses receiving Pauper Lunatics, the deficiency of accommodation for them is so great throughout the country, that we feel great hesitation in recommending severe measures, which

would have the effect of throwing a number of Patients into Workhouses or other places, where they would be deprived of the benefit of proper medical treatment for their disease.

Sec. 43. For the purpose of carrying into effect the provisions of the forty-third section of the Act respecting Hospitals, and in order that the effect of such provisions might be made known to the persons liable to penalties in case of neglecting them, we thought it right to issue a circular letter addressed to the Medical Superintendent of every Hospital receiving Lunatics, directing his attention to the Act so far as it respects Hospitals, and more especially to the clause requiring the registration of those Institutions. In compliance with this letter, we received applications from all the Medical Superintendents of Lunatic Hospitals in this country, requesting that the same might be registered, with the exception of the Royal Naval Hospital at Haslar, the Shorncliffe Military Lunatic Asylum (or Hospital) at Sandgate, and Guy's Hospital in London; and accordingly all the Hospitals, with these three exceptions were soon after duly registered. In regard to the Naval Hospital at Haslar, and the Shorncliffe Military Hospital,\* it appeared at least doubtful whether these establishments came within the provisions of the Act; and the opinions of Counsel were thereupon

Hospitals.

Registration, &amp;c.

Military and Naval Hospitals.

\* The Lunatic Patients who were temporarily confined in the barrack at Shorncliffe have been very recently removed to a permanent Military Lunatic Hospital, which has been fitted up for their accommodation at Yarmouth.

taken, all of whom concurred in thinking that the two institutions above referred to, were not "Hospitals" within the meaning of the Interpretation Clause of the Act in question. At the same time, directions were given by the War Office as respects the Shorncliffe Hospital, that the Medical Superintendent should afford every facility to the Commissioners to inspect that establishment, requesting, however, that the Commissioners would report to the Secretary of War the result of their inspection at each visit. In respect to Guy's Hospital, we encountered great difficulties in our endeavour to cause this institution to be registered; and it was not until after repeated applications for that purpose, and the interference of our solicitors, that the registry was ultimately effected. The reasons urged by the Officers of Guy's Hospital for refusing to register the institution were manifestly insufficient, being that "the Patients were altogether incurable and therefore were not under medical treatment, therefore that there was no particular superintendent and medical attendant who could apply to have the Lunatics' wards registered." A second difficulty occurred in endeavouring to procure the appointment of a medical attendant, and to obtain copies of the regulations as to Lunatics. Mr. Harrison, the Treasurer of the Hospital, appears to be the principal authority there, and to have been appealed to on all occasions. In reply to the repeated applications of our solicitors, he at last visited them, and made a statement (amongst other things) to the following effect (*viz.*): that the lunatics in the Hospital were under the immediate care of



one of the Sisters of the Hospital, who received his (Mr. H.'s) directions in all matters relating to them; that there was no particular mode of treatment\* adopted with reference to the Lunatics, except to make them comfortable; that they were fed like other people; that there was no stated arrangement as to their amusements or occupations; that there was no medical gentleman who had any particular charge of them, nor were they subject to any regular medical visitation, but that in case of illness they were attended as any other patient in the Hospital would be attended; that the Governors had no rules or regulations applicable to the Lunatics there which they could print; and he considered the section (43) of the Act, quite inapplicable to Guy's Hospital, and that he considered it would be necessary either to repeal or amend it.

Under these circumstances, we thought it expedient to submit the facts of the case to the President of the Hospital, and accordingly a letter (containing the summary of the correspondence that had taken place between us and the Hospital

---

It is to be observed that by the Will of Thomas Guy, the Founder of this Hospital, provision is made for 400 Patients, "adjudged or called insensible," and "not fit to be confined in St. Thomas, Bethlehem, or other Hospitals;" that of these insensible patients, twenty are to be Lunatics; and that his (the testator's) executors and trustees are to select at their discretion the sick persons "deemed or called insensibles," for admission into the Hospital; and to "provide suitable and proper diet, physic, and all other necessaries, for their maintenance, relief, or cure."

Officers) was addressed by our Chairman to Mr. Justice Patteson, the President; in order that he might by his influence with his colleagues prevent if possible, any litigation between them and ourselves. In reply, Mr. Justice Patteson suggested that the Treasurer should wait upon the Commissioners, which he accordingly afterwards did; and ultimately a Medical Superintendent of the Lunatics in Guy's Hospital was appointed, and some rules and regulations relating to the Patients, were framed and transmitted to us.

*Orders and  
Medical Cer-  
tificates.*

SECS. 45, 46, 47, 48. Although the Act does not specifically impose upon us the duty of examining the validity of the orders and certificates on which patients are admitted into Asylums, yet, for the sake of promoting accuracy as far as possible in this respect, we have inspected all the copies of certificates transmitted to us, and wherever we have observed any omission or irregularity therein, we have endeavoured to have them remedied. We

*Irregularities  
and defects  
numerous.*

regret to state, that the errors that we have observed in the certificates have been numerous, and have far exceeded our expectations; the defects consisting mainly in the medical practitioners failing more or less, to comply with the requisitions contained in the 46th section. These irregularities have given rise to a correspondence on our part, with the different parties, in not less than a thousand instances; and although we have been unable in every case to rectify the error so completely as we could wish, we have in many cases succeeded in doing so. The defects in the certi-

cases relating to Pauper Patients have been few; and advantage has not been very frequently taken of the permission given by the 47th section to receive patients at first on the authority of one certificate only.

SECS. 52, 53, 54, 55, 59, 60, 67. The various notices of the admission, death, removal and discharge of patients, have for the most part been transmitted to us with regularity. But we are disposed to think that the transmission of the copies of the visitors' entries has frequently been neglected.

*Books and  
Registers  
Station, &c.*

The "Case Books," required to be kept by the 60th section, were for some time after the passing of the present Act, in some instances either altogether neglected or imperfectly kept; and we therefore exercised the power vested in us by that section, and on the 9th January, 1846, issued an order directing the form in which the Case Book should be kept thereafter. The form of this order will be found on referring to the Appendix (D.) to this Report. The effect of this order has been to secure the keeping of a Medical Case Book in every Asylum throughout the kingdom. It is right to state, that in some of the best establishments, proper Case Books have been kept from the commencement of this Act; each of which books contained full, minute, and accurate entries, showing from time to time the bodily and mental condition of every patient, and the treatment to which he had been subjected, and bore ample testimony to the

*Case Book.  
Order issued  
under 60th  
section.*

*Appendix (D.)*



skill and care of the medical officer by whom such entries were made.

*Medical Journal, in some cases negligently kept.*

The Medical Visitation Book, referred to in the 50th section, (a form for which is prescribed in Schedule II. to the Act,) has also been kept with tolerable regularity in most Asylums (in some Houses indeed, with extreme accuracy;) but we have had great difficulty in enforcing obedience to this section, in some houses, where the medical attendant had neglected or misunderstood the requisitions of the Act.

*Night visit.*

Sec. 71. We have, in one instance, exercised the power given to us by this section, and have visited at night a House in the provinces licensed for the reception of a large number of Pauper Lunatics.

We were induced to make this visit in consequence of certain statements having been made on oath before us, from which it appeared that the Patients confined in the establishment had suffered from unnecessary restraint, and also from much harshness and neglect on the part of the Proprietor or his attendants. As we have entered into a minute statement, showing the result of this nocturnal visit, in Part III. of this Report, it is unnecessary further to advert to it here.

*Liberation of Patients.*

Secs. 76, 77. The plan adopted for promoting the discharge of Patients when fit for liberation,

has been so often adverted to in the Annual Reports made by the Metropolitan Commissioners, that we need only, at present, observe that we have pursued the same course; first, suggesting to the friends or Parish Officers the propriety of the Patient's liberation, and then, in the event only of refusal or neglect on their parts, (a comparatively rare occurrence) taking upon ourselves the exercise of the powers vested in us by these sections of the Act.

In the Provincial Licensed Houses, whenever we have remarked Patients as being in a much improved state of mind, we have directed attention to them by name by an entry in the Patients' Book, in order that the Visiting Justices might specially examine such cases at their next visit, and liberate them if then found to be fit for discharge. This recommendation has always, we believe, met with due attention from the Justices.

Sec. 82. We have thought it right, in two instances, to exercise the authority given us by this section, and have regulated the Dietaries formerly in use, at two Licensed Houses receiving Pauper Patients, by increasing the amount and improving the quality of the food previously allowed in each case. The Dietaries thus regulated were those in use at Peckham House and Gate Helmsley Retreat.

Pauper Dietaries. Regulated by Commissioners in two cases.

The Dietaries of the other Licensed Houses receiving Paupers are at present under our con-

Dietaries generally

under con-  
sideration.

sideration, and the general subject will be found adverted to in Part II. of this Report.

Search of  
Registers of  
Patients.

Sec. 83. The power contained in this Section, enabling us to direct the Registers to be searched for the names and residences of Patients, has been repeatedly exercised; but we have been cautious in giving orders for this purpose, and have taken care, in the first instance, to ascertain, as far as practicable, the relation which the person applying bore to the Patient, and his motives for making the inquiry. Whenever we have had reason to suppose that the person applying for information has been desirous of suing the Patient, or has been unable to give a satisfactory account of his motives for seeking information, we have declined to accede to his request.

Temporary  
removal for  
health.

Sec. 86. This section of the Act, authorizing Proprietors and Superintendents to send or take Patients, under proper control, to any specified place, for a definite time for the benefit of their health, has been acted upon in many instances, and proves to be a valuable amendment of the lately-existing law.

Private Com-  
mittee and  
single Pa-  
tients.

Secs. 89, 90. The 89th section, under which the Private Committee is constituted, and the four following sections, which define and regulate the functions of that Committee, in reference to what have been termed "single Patients,"—meaning by that expression, single Lunatics who are received for hire or profit to board or lodge in unlicensed Houses, not being Asylums or registered Hospitals,—introduce



a variety of provisions for the care and protection of Patients of that class, which are almost entirely new, and in the construction and carrying out of which considerable difficulty has been experienced.

The constitution of the Committee, which consists of the permanent Chairman of the Board, and one Medical and one Legal Commissioner only, has been found in practice to be extremely inconvenient. A large proportion of those whom the Statute has placed exclusively under its supervision, are dispersed over different parts of the kingdom, at a distance from the Capital, and cannot be seen by the Commissioners in the course of their ordinary visitations while on circuit, unless it happens, which of course can be comparatively seldom, that these are also members of the Committee. In all other cases it becomes necessary that one or more Members of the Committee should be specially detached for the purpose; and such a step cannot be taken without more or less interrupting, and in fact suspending the labours of other Commissioners, who are not themselves on the Committee, and in this way seriously impeding the regular dispatch of the general business. The object of the Legislature in thus limiting the number of the Committee, probably was to secure a greater degree of privacy in such cases. We believe, however, that, as a system of the strictest secrecy with respect to matters coming officially to their knowledge is religiously observed by all the Members of the Commission—to which indeed they are solemnly bound by their oath of office—the powers and functions of the

Constitution of Committee found very inconvenient in practice.

Private Committee might be safely and beneficially entrusted to the whole body of the Commissioners; or that, if for any reason some limit should still be thought desirable, the Committee might with great propriety and advantage be extended so far at least as to include all the professional Members of the Commission, in addition to the permanent Chairman of the Board.

Desirable to extend it to other Members of the Board.

Single Patients included as to construction of 90th section.

Doubts have been frequently suggested as to the particular description or class of Insane persons to whom the special provisions of the 90th and three following sections, with respect to Certificates, Notices, Visitations, &c. are properly applicable. It has in some cases been argued (and the argument derives colour from the defective wording of the 90th section,) that these provisions do not operate, and were not intended to operate, retrospectively, and therefore do not extend to the case of persons who were actually received and detained as single Patients prior to the passing of the Act. Others, again, have contended that they do not apply to persons who, although from weakness or imbecility of mind, they cannot be safely trusted with the management of themselves or their affairs, are nevertheless perfectly quiet and inoffensive, and are permitted to go about at large, without any *apparent* supervision or control. We have always maintained, however, in opposition to these views, and so far as lay in our power, have endeavoured to enforce the opinion, that these enactments, according to their true construction, are equally applicable to every person who is received under charge to board or lodge as a single patient, for hire or profit, and

Applicable to all Insane Persons under charge

whether he was first received before or after the passing of the Statute, provided that while under such charge his perfect free-agency, in respect either of person or property, is in any, the least degree, interfered with or restricted on account of his mental incapacity. Upon this point it may be observed, that the Order and Medical Certificates which, under the 90th section, constitute the authority for the receiving and detaining of a Patient who is taken to board or lodge in any unlicensed House for hire or profit, were unquestionably required by the Legislature as a security against abuse and oppression, that these might often be most easily practised with impunity, most especially as regards property, in cases where the unsoundness of mind assumes the form of mere harmless imbecility; and that the language of the Statute in reference to this subject is general, and, taken in connection with the Interpretation clause, the terms of which are most comprehensive, neither suggests nor admits the possibility of exception.

The forms of the Orders and Medical Certificates required in the case of single Patients are not distinctly specified or set forth in the 90th section, and are only to be ascertained by reference to the corresponding provisions which are made for the case of private Patients confined in Asylums, Hospitals, or Licensed Houses. These provisions, however, are in *some* respects not conveniently applicable to single Patients, with regard to whom it not unfrequently happens that the House or place of their residence, or the person who undertakes their charge, varies from month to month, or even from

for hire or profit, whether received before or since the passing of the Act.

Forms of the Orders and Certificates not inserted in respect single Patients.



day to day—as in cases where travelling and constant change of scene form part of the treatment prescribed for the cure of the malady. In such cases there is sometimes much difficulty in procuring, as well as considerable hardship in requiring, the usual Notices, and fresh Orders and Certificates, which a strict observance of the Statute would seem to render indispensable. The consequence is that the requirements of the 90th section in these respects, are, in a great measure, violated or neglected; and we have good reason to believe that a general disposition has been thereby produced among those who earn a livelihood by receiving single Patients, to avoid, as far as possible, being brought within the operation of the Statute, even though the parties may thus incur the penalties imposed on those who knowingly infringe or evade its provisions. To this mainly we ascribe the fact that the Returns which have been made to this Office relative to single Patients, and the corresponding Register which, by the 91st section, is directed to be kept of their names, do not comprise so many as 200 cases (of whom about thirty were cases returned under the former Act), although the number of such patients received must have been much greater.

Requires  
needs of 90th  
section fre-  
quently  
violated or  
evaded.

Comparative-  
ly few Re-  
turns made.

Medical Vis-  
itation order is  
two weeks.

Sec. 90. The provision in this section, that single Patients shall be visited at least once in every two weeks by a Physician, Surgeon, or Apothecary, not deriving any profit from the care or charge of such Patients, is one which has been sometimes found to bear hardly, especially on the families and friends of Patients who are in straitened circumstances; and in cases where the mental unsoundness has become

confirmed and inveterate, or consists rather in deficiency or imbecility of mind than any active or positive disease, it can very rarely be of much use. In cases of this kind a power of dispensing with such frequent visitations, after due examination and inquiry, might perhaps be safely and usefully vested in the Private Committee. There is another class of cases in which the requiring of such visitation has been sometimes felt as a considerable grievance—we mean where the party receiving the Patient is himself a Medical Practitioner, who must naturally feel it derogatory to him that a Patient, who, for the sake of privacy, as well as constant care and supervision, has been placed in his own house, under his immediate eye, should be visited and reported upon by another, it may be an inferior, or rival Practitioner. Besides this, a Medical Man having charge of a Patient, has it generally in his power to make arrangements by which, while the letter of the Statute is complied with, the visits become little more than a form.

might safely  
be dispensed  
with in some  
cases.

Patients re-  
siding with  
Medical  
men.

It has been the practice of the Private Committee personally to visit those single Patients only, whose cases appeared, either from the language of the Certificates, or from information communicated by Relatives or other parties interested, to require special investigation. The number of cases of this description which have been seen and examined by Members of the Committee, and upon which they have made distinct Reports, in compliance with the provisions of the 92nd section, amount to about twenty in the whole.

Single  
Patients  
visited.

Property of  
Lunatics un-  
der Com-  
missioners' care.

Reports made  
to Lord  
Chancellor  
under 94th  
section;

and proceed-  
ings under  
95th section;

expenses;

and prop-  
erty unavail-  
able in case  
of small  
income.

Secs. 94, &c. The Commissioners have also, in a considerable number of cases, exercised the powers with which they are invested under the 94th section, by reporting to the Lord Chancellor that the property of persons detained as Lunatics was not duly protected, or the income thereof not duly applied for their maintenance; and their Report to that effect has, in several instances, been followed by proceedings before the Masters in Lunacy under the 95th section, with a view to the protection of the property and the proper application of the income. These proceedings, as your Lordship is aware, are regulated by Orders issued, from time to time, by the Lord Chancellor, and do not come within our official cognizance. We have reason to fear, however, that the expenses incurred by these proceedings, although less than those attending the prosecution of a Commission of Lunacy, are still of such an amount, where the funds are small, and the parties in humble circumstances, as practically to render them unavailable. A case which we have met with more than once, is that of a person in the lower walks of life, who, after having, by industry and economy, saved and accumulated a small sum, which he has invested in the funds in his own name, becomes insane. With the aid of the income derived from this fund, perhaps not more than 20*l.* a year, his parent or his wife would be able to support him, either in a private Asylum, or, if the disorder has become inveterate and incurable, at home. But the dividends, of course, cannot be received or made available for the support or benefit of the Lunatic or his family. This is a case in which the pro-



visions of the 95th section, as at present administered, can be of no practical service; and in which, perhaps, the power might have been usefully and safely entrusted, either to a Master in Lunacy, or to some other public functionary, of receiving and administering the accruing dividends for the benefit of the Lunatic and his family.

Sect. 110. In pursuance of the provision in this section, that all gaols in which there shall be, or be alleged to be, any Lunatic, the Commissioners have visited twenty County and Borough Gaols. The practice of the Visiting Commissioners, in such cases, has been, after personally examining the alleged Lunatic, and inquiring minutely into the particulars of his case, to record the fact of the visit, together with the general result of the examination, in an Entry in the Book used by the Visiting Magistrates for similar purposes. In the course of this duty, the Visiting Commissioners met with two or three cases, in which the alleged Lunatics were persons who, having been found guilty of petty larceny or some other minor offence, had been sentenced to imprisonment for a short term, but whose intellects appeared to be so feeble or imbecile, that it was perhaps questionable whether they were not more fitting subjects for a Chronic Lunatic Asylum than a House of Correction. With these exceptions, no case has been found in which the Commissioners could venture to pronounce decidedly that the prisoner, at the time when he was examined by them, was actually of unsound mind; and the general result of their visitations to Gaols

*Visitation of  
Gaols.*

*Number  
visited, &c.*

Provisions of  
Act 3 & 4  
Vict. c. 54,  
generally  
complied  
with.

has been to satisfy them that in all cases where the mental disease assumes an active or positive form, the salutary provisions of the 3 & 4 Vict. c. 54, are substantially carried into effect by the removal of the parties to a Lunatic Asylum.

Visitation of  
Patients and  
Inspection of  
Houses under  
Orders of  
Lord Chan-  
cellor or Se-  
cretary of  
State.

Secs. 112, 113. We have several times had occasion to apply to the Lord Chancellor for Orders to visit Patients, or inspect Houses, under the powers contained in these sections. As the Orders given under these powers are essential to the fully carrying out of the Act of Parliament, and enabling us to examine into the condition and treatment of all persons secretly confined, we think it most important that any disobedience to such Orders should be punishable by a penalty. At present there is no summary remedy for such disobedience; and, although it is probable that your Lordship's Order would generally meet with due respect, yet, one case has arisen, (as you are aware) in which, notwithstanding such Order, access to an Insane person secretly confined was refused, and the Patient herself was with difficulty rescued from the party illegally detaining her.

Penalties re-  
quired to  
enforce  
obedience.

*As to the Act 8 & 9 Vict. c. 126.*

County and  
Borough  
Asylums.  
Proposals,  
Agreements,  
Plans, &c.

The most important provision (in a financial point of view) contained in the Act 8 & 9 Vict., c. 126, is the 28th sec., which enacts, that all proposals and agreements for uniting County, Borough, and other Asylums, for building or providing Asylums, or the

buildings, yards or appurtenances thereto, or additional accommodation for Pauper Lunatics, and all contracts and all plans intended to be adopted, are to be submitted to the Commissioners in Lunacy, who are to make such inquiries as they shall deem proper, and to report thereon to one of her Majesty's principal Secretaries of State.

to be submitted to Commissioners.

Under this provision, we have received various proposals, contracts, plans, and other communications, relative to several Counties and Boroughs desirous of providing accommodation for their Pauper Lunatics; but, inasmuch as some of them (besides being obviously objectionable) presented technical difficulties, or set forth an amount of expense which we considered excessive, we have thought it prudent to consult experienced architects on the subject, in order that the rate-payers of particular counties might not be compelled to contribute to too large an outlay, and that those of other counties might not be induced to delay the erection of Asylums, under the apprehension of incurring a heavy and unnecessary expense.

Numerous Plans, &c. received.

Architects consulted.

In obtaining professional assistance relative to plans submitted to us, it became necessary to guard against the possibility of employing any of the competing Architects for the Asylum under consideration. We were also desirous of procuring the opinions of more than one professional gentleman as to the best form and general construction of Asylums.

Accordingly, several gentlemen of reputation



and experience, have been selected as Consulting Architects, to whom all Plans and Estimates are referred by us before reporting thereon to the Secretary of State. We have also, with their assistance, prepared, and circulated for the guidance and convenience of Committees of Visitors and their architects, and in order to prevent unnecessary delay, three papers, containing suggestions as to the site, arrangements, and construction of Asylums, and a circular relative to preliminary plans to be furnished in the first instance. Copies of these papers will be found in Appendix (E.)

Printed suggestions and Circular issued.

Appendix (E.)

Plans, &c. received.

The proposals, plans, contracts, and agreements received by us in pursuance of this section of the Act, related to the following Counties and Boroughs, viz:—

MIDDLESEX.

Proposals for erecting an additional Asylum for the Pauper Lunatics of the County of Middlesex, at Hanwell, (accompanied by Plans and Estimates,) were submitted to us by the Committee of Visitors; but inasmuch as the declared intention of the Visitors was to erect an additional Asylum for 800 Lunatics, *almost* contiguous to the existing Asylum at Hanwell, in which nearly 1,000 Lunatics are already congregated, it appeared to us that the proposed site was very objectionable; *First*, by reason that it would be too near the present Asylum, and would accumulate in *one* neighbourhood too large a number of patients; *Secondly*, because an additional Asylum for Lunatics was not wanted in the Western, and was much required in the Eastern (and more populous)

Objections to building new Asylum at Hanwell.

division of the County; and because the erection of an Asylum on a site so remote from the Eastern parishes as that proposed by the Committee would, without any compensating advantages, have thrown a large and unnecessary expense upon those parishes in conveying thither their Pauper Lunatics, would have interfered with the visits of the Patients' friends, and would have had the effect of preventing the *early* removal of Lunatics from their respective parishes to a place of cure.

We therefore made our report thereon, submitting our objections, together with the reasons for the same, to Sir James Graham, then Her Majesty's principal Secretary of State for the Home Department, who approved thereof, and a copy of our Report was, by his desire, forwarded by us to the Committee of Visitors of the Hanwell Asylum.

Report, &c.  
to Secretary  
of State.

Some further communications passed on the subject, and eventually Secretary Sir George Grey concurred with us in opinion, and recommended the Magistrates to accede to our suggestion for the erection of an Asylum in the Eastern division of the County. The Committee of Visitors notified to Sir George Grey their assent to this recommendation, and made a report to that effect to the Justices of the County of Middlesex, at their last Michaelmas Sessions.

Proposed site  
at Hanwell  
abandoned.

We have now the satisfaction of stating that a very eligible site, comprising nearly 120 acres, has been selected at Colney Hatch, conveniently accessible

Land purchased in  
Eastern division of  
County.

Purchase  
approved.

from London and the Eastern parts of the county ; and that Secretary Sir George Grey has, upon our Report, signified his approval of the proposed purchase.

SURREY.

We received from the Committee of Visitors of the county of Surrey, a proposal for the erection of a new Asylum for 400 Lunatics belonging to that county, together with plans and estimates and other explanatory papers.

Additional  
buildings for  
Lunatic Patients.

The plans indicated that the intended building was to adjoin the present Asylum which contains 400 Lunatic Patients, that there were to be no new offices, and, in fact that the intended Asylum was to be merely an addition to, and was to form part of the present institution.

Alterations  
suggested.

After taking the subject into our consideration we made a report thereon to Sir George Grey, suggesting that a new Asylum at a somewhat greater distance from the present Asylum should be built, and placed under a distinct medical officer, or otherwise that the second Asylum should be erected at a less cost and appropriated to chronic cases only. We expressed our opinion that at all events provision should be made for the residence of a second medical officer. We suggested also that the arrangement by which it was intended to erect buildings three stories high should be abandoned, and that certain alterations should be made in the projected dormitories. We also adverted to the estimate of the expense, amounting to £34,184, (or £85 per head) which

Estimated  
cost.



we considered excessive for buildings for which offices were already provided.

In pursuance of our suggestions the plans were in many material respects amended, and a residence was provided for an additional medical officer, and the alterations in the dormitories suggested by us were adopted; but the Committee of Visitors, in answering our objections, expressed their intention to adhere to their original plan of erecting a new building of three stories high, assigning as a reason that the suggested limitation to two stories would add considerably to the cost of the building. We subsequently endeavoured to induce the visitors to abandon their design, and to erect an Asylum of not more than two stories in height, and altogether distinct from the present establishment, but without success; and we refrained from pressing our objections further, solely because we felt that a strong necessity existed for providing immediate additional accommodation for the large number of Pauper Lunatics in the County of Surrey.

Shortly after passing of the Act, Plans for the erection of an Asylum for the County of Derby were submitted to us, but, as we were given to understand that these plans had received the approval of the Justices in Quarter Sessions previously to the passing of the Act, we considered that the matter did not lie within our jurisdiction, and we therefore declined to interfere, although we intimated an opinion that the expense which the Magistrates were about to incur in the erection

of the proposed Asylum, was beyond what was required for the ample accommodation of the Pauper Lunatics of the county.

Plans sub-  
mitted.

After some correspondence, the plans were again formally submitted to us, pursuant to the 28th section of the Act; and, on a careful consideration of them, as well with reference to the construction and arrangements of the building, as to the number of Pauper Lunatics in the county requiring to be provided for, we thought it our duty to report unfavourably of the plans to Sir George Grey, who, in consequence, withheld his approval of them.

Disapproved.

Conference  
with Visitors.

A further correspondence took place between this Board and the Committee of Visitors; and, ultimately, our objections to the plans were considered and discussed with the Visitors in conference. We

Board.

have the satisfaction of stating that our suggestions were substantially assented to, and that the general arrangements and construction of the Asylum have been amended accordingly, and the extent and cost of the building materially reduced. The Plans have just received the sanction of the Secretary of State.

LANCASTER.

In consequence of the great deficiency of accommodation for the Pauper Lunatics of the County of Lancaster, the Justices and the Visitors of the County Asylum at Lancaster endeavoured to effect arrangements for the conversion of a Workhouse at Ribchester, in the Preston Union, as a place of temporary accommodation for about 100 chronic patients, under the authority of the 17th section of the Act.

Proposed  
temporary  
Chronic  
Asylum.

The premises, at the request of the Justices, were inspected by two of the Commissioners who were then officially employed in the neighbourhood, and plans of the building, together with the proposed necessary alterations, were submitted to the Board by the Justices. Subject to certain specified alterations the Workhouse appeared under the circumstances, to be capable of adaptation as a *temporary* Asylum for chronic Lunatics. But a technical objection raised by the Poor Law Commissioners with reference to covenants for rent, ultimately caused the plan to be abandoned.

Premises  
inspected.

Plan ultimately  
abandoned.

Some correspondence relative to the purchase of land has taken place between the Commissioners and a Committee of Justices appointed to select a site for a new County Asylum for Lancashire, in the Salford Hundred. The land selected by the Committee is situated at Great Henton, and with reference to the soil, elevation, water, &c., appears to be eligible. Certain difficulties arose relative to the reservation, by the vendor, of the coal under the estate, but we have reason to believe that these difficulties have been removed.

Proposed  
Asylum in  
the Salford  
Hundred.

Plans for erecting new offices, and making alterations in the old offices of the Asylum at *Lancaster* were submitted to us, and, subject to certain alterations which we suggested, have received the approval of the Secretary of State.

New offices,  
&c. at  
Lancaster  
Asylum.

We have also very recently received from a Committee of Visitors appointed to superintend the erection of an Asylum near Liverpool, in the

Proposed  
new Asylum  
near Liver-  
pool.



Hundred of West Derby, detailed plans and particulars relative thereto, upon which we are about shortly to make our Report to the Secretary of State.

CORNWALL.  
Additional  
land.

In December, 1845, an agreement for the purchase of additional land for the Cornwall county Asylum at Bodmin, was submitted to us by the Visiting Justices. Being of opinion that additional land was much needed, we recommended the agreement for the approval of the Secretary of State, and it subsequently received his sanction.

Proposed  
additions to  
Asylum.

Objections.

Plans and estimates for additions to the Asylum were also submitted to us by the Visitors, the existing building having been found insufficient for the wants of the county. After a careful consideration of the plans, several objections occurred to us, and as these objections were corroborated by professional opinion, it was thought advisable, in order to save trouble and expense, to communicate in the first instance with the Visitors, instead of reporting at once to the Secretary of State. Ultimately the original plan for adding to the existing building was abandoned, and fresh plans providing, amongst other things, for the erection of a separate building for the pauper male patients, were prepared by the direction of the Visitors, and have, upon our Report, received the sanction of the Secretary of State.

Fresh Plans.

Approved.

KENT.

The accommodation afforded by the Kent County Lunatic Asylum, having been found insufficient for the wants of the County, the Visiting Jus-

tices, acting upon an order of General Sessions, determined that another wing for fifty male patients, corresponding in all respects with one lately built on the female side, should be added to the existing Asylum, at a cost of about £7000. They also resolved that a separate Asylum for chronic cases should be erected in the neighbourhood of the present Asylum, for 200 patients, at a cost of about £20,000. The plans relating to the additional wing were accordingly submitted to us, together with the contracts for building, warming, ventilating, and furnishing it, upon our recommendation, they were approved by Sir James Graham, and the building is now in progress. Plans also of certain extensions and alterations of the offices, so as to adapt them to the increased wants of the Asylum, were subsequently submitted, and the approval of the Secretary of State given thereto.

Additional wing.

Separate Chronic Asylum.

Plans for wing, &c. approved.

The plans for the proposed Chronic Asylum are still under consideration.

Committees of Justices for Lindsey, Kesteven, and Holland, the three Divisions of the County of Lincoln, have agreed to unite for the erection of an Asylum for 250 patients, for which a site has been selected near Lincoln, and we have expressed our concurrence in the arrangement.

LINCOLN-SHIRE.  
Proposed County Asylum near Lincoln.

The existing Asylum at Lincoln, as your Lordship is aware, is a Voluntary Institution.

The Mayor and Town Council of Birmingham having resolved to erect an Asylum for the

BIRMINGHAM.

Alterations  
suggested  
and adopted.

Plans  
approved.

Pauper Lunatics of the Borough, Plans were submitted to us by the Committee of Visitors, together with the proposed contracts for the purchase of land. Some alterations in those plans as originally prepared, were suggested by us, and our recommendations were readily adopted by the Asylum Committee, under the advice of their architect. The plans were accordingly revised and again submitted to us, and they have on our recommendation, received the approval of the Secretary of State.

We have derived much satisfaction from our communications with the Asylum Committee, and from the proofs afforded of the desire of the Town Council to provide the best accommodations and means of cure for the Pauper Lunatics of the Borough.

Bedford-  
shire, &c.  
Unions with  
Herts and  
Borough of  
Bedford  
approved.

Agreements for uniting the counties of Bedford and Hertford, and the Borough of Bedford were submitted to us by the Committee of Visitors of the Bedford Lunatic Asylum, and upon our recommendation approved by Sir George Grey. By these agreements the Justices of the County of Hertford have agreed to pay £400, and the borough of Bedford £30 per annum, in the nature of rent for the joint use of the Asylum, under the powers given by the 9th section of the Act.

NOTTING-  
HAMSHIRE.

Purchase of  
land, &c.

At the General Lunatic Asylum near Nottingham, the Committee of Visitors have purchased a house, and piece of land containing about two



rods, situate to the eastward of the existing premises, together with certain other lands adjoining. The agreement for the purchase was submitted to us, and, upon our Report, approved by the Secretary of State. Approved.

During the past year, the Committee of Visitors for the Norfolk County Asylum purchased about three acres of land immediately adjoining the Asylum; a very valuable acquisition, and most desirable as an airing court and exercising ground for the female patients. NORFOLK.  
Land purchased.

Plans have also been submitted to us for the enlargement and improvement of the existing Asylum. On examination, some improvements suggested themselves to us, and the attention of the Visitors having been drawn to them, the plans were amended, and, upon our recommendation, approved by the Secretary of State. Plans for  
extension.  
  
Approved.

In consequence of a proposed union under the 9th section of the Act, between the counties of Salop and Montgomery, and the borough of Wenlock, considerable additions and alterations in the existing Asylum became necessary, and plans for an additional wing were submitted to us by the Committee of Visitors, together with the draft of an agreement for the proposed union. SALOP.  
Union with  
the County  
of Mont-  
gomery and  
Borough of  
Wenlock.

The plans and agreement were, upon our recommendation, approved by the Secretary of State, and the buildings are now in progress. Approved.

NORTH  
WALLES,  
Union of  
Counties.

The Justices of Denbighshire and Flint have united with the subscribers to the Asylum in progress of erection near Denbigh; and, in 1846, an agreement for that purpose was duly approved by the Secretary of State. It is proposed also to unite with these the counties of Caernarvon, Merioneth, and Anglesea.

SOUTH  
WALLES.

We understand that it is in contemplation to unite, for the purposes of the Act, the counties of Glamorgan, Caermarthen, and Pembroke.

STAFFORD-  
SHIRE  
Addition to  
land and  
buildings.

The Committee of Visitors of the Stafford county Asylum, in the course of the last year, determined to provide increased accommodation for Pauper Lunatics, by the erection of new buildings; and they have taken active measures for procuring an adequate quantity of additional land, but the arrangements are, as yet, incomplete.

CUMBER-  
LAND and  
WESTMORE-  
LAND.  
Contracts  
with Pro-  
prietor of  
Lionel  
House.

The Committee of Visitors for Cumberland in the year 1846, contracted, pursuant to the 20th section of the Act, with Mr. J. E. Wilkinson, proprietor of Dunston Lodge Licensed Asylum, near Gateshead, for the care and maintenance of the whole of the Pauper Lunatics of the county for a term of five years. The county of Westmoreland has since entered into a similar contract with Mr. Wilkinson, jointly with the county of Cumberland, for the remainder of the term.

Approved

The contracts were duly submitted to us, and, having been amended in pursuance of our recommendation, they received the approval of Sir George Grey.

The united Committees for the County and City of Worcester have entered into a provisional agreement for the purchase of certain lands, amounting to about twenty-nine acres, on which it is proposed to build an Asylum capable of accommodating 200 Patients.

WORCESTER.  
Proposed  
Asylum for  
County and  
City.

Agreements have been recently submitted to us for the dissolution of the existing union between the County and City of Gloucester, and the Subscribers to the Asylum, and the re-union between the same parties upon terms mutually advantageous. We have, upon the request of Sir George Grey, obtained from the visitors, through their Chairman, a full and satisfactory statement of the reasons for this arrangement, by which it appears that the additional accommodation will be obtained for sixty pauper patients without incurring the cost of an extension of the existing building.

GLoucester.  
New arrangement.

Additional  
accommodation  
for  
Paupers.

The County of Berks and the Borough of Abingdon have recently joined the previously existing union between the County and the City of Oxford, which has rendered necessary an extension of the Asylum at Littlemore. Plans for this purpose have been submitted to us, and upon our Report the Secretary of State has signified his approval of them.

OXFORD-  
SHIRE.  
Union with  
Berks and  
Abingdon.  
Extension of  
Asylum.

The Committee of Visitors for this County recently submitted to us a contract for the purchase of thirty-six acres of land, and we understand that it is intended to build for 300 patients. The contract has been approved by the Secretary of State.

WARWICK-  
SHIRE.  
Proposed  
Asylum.

The Justices having determined to erect an Asylum.



Asylum for the use of the County of Hants, have appointed some of their members as a Committee of special inquiry, to procure information and to visit and report upon the best existing Asylums.

STAMFORD,  
&c.

A circular has been addressed by the Town Council of Stamford, to the Clerks of the Peace for the parts of Kesteven in the county of Lincoln; the county of Northampton, the county of Rutland, and the sake of Peterborough, with a view to the formation of a Union under the Act.

EXETER.

The Magistrates of the city and county of Exeter have entered into an arrangement with the Visitors of the Devon Asylum, for the maintenance of their Pauper Lunatics. The Lunatic ward of the Workhouse which was legally constituted an Asylum for the county of the city, will henceforward cease to be so used.

HULL.

A treaty is on foot between the Visiting Justices of this Borough and Mr. Casson, the Proprietor of the Hull Refuge, for the purchase of that establishment as an Asylum for the Pauper Lunatics of the Borough. It is also proposed to purchase some additional land.

ESSEX,  
Union with  
Colchester  
and Malden.  
Approved.

Agreements for the union of the Boroughs of Colchester and Malden with the county of Essex, for the purposes of an Asylum, have been submitted to us, and upon our Report approved by the Secretary of State.

Remaining  
Counties

We have, as yet, received no official information that any steps have been taken to provide Asylums

for the care and treatment of the Pauper Lunatics belonging to the following counties, viz. :—

without  
Asylums.

Buckingham.	Northumberland.
Cambridge.	Northampton.
Cumberland.	Rutland.
Durham.	Sussex.
Hereford.	Westmoreland.
Huntingdon.	Wilts.
Radnor.	Cardigan.
Monmouth.	Brecon.

It has, however, been intimated to us that the subject is under the consideration of committees of Justices in some of those counties.

We have further to call your Lordship's attention to the fact, that there are many Boroughs as defined by the Interpretation Clause, for whose Pauper Lunatics no provision is made, either by union with their respective counties or otherwise.

Boroughs  
without  
Asylums.

Your Lordship is aware that, by the 2nd section of the Act 8 & 9 Vict., c. 120, the Justices of every county and borough having no Asylum, are required to erect or provide an Asylum for the Pauper Lunatics of such county or borough, or to unite with some county or borough, or with the subscribers of some Lunatic Asylum theretofore established, for that purpose; and if they shall not, within the period of three years from the passing of the Act, have erected or provided, or united in, or commenced erecting or providing such Asylum, one of her Majesty's principal Secretaries of State is empowered to require the Justices of such county

8 & 9 Vict.  
c. 120, s. 2.

Power of  
Secretary of  
State to see  
that the pro-  
visions of the  
Act.

or borough to erect or provide such Asylums accordingly.

It will therefore become our duty, as soon as may be after the 8th August, 1848, to urge her Majesty's principal Secretary of State for the Home Department to take such measures as he may think proper, to put in force the above provision, in respect to all counties and boroughs which shall not, at that time, have commenced erecting or providing (solely, or jointly with other counties or boroughs) Asylums for their Pauper Lunatics.

General  
Rules for  
Asylums  
Sec. 40.

By the 40th section of the Act 8 & 9 Vict., c. 126, it is enacted that every Committee of Visitors shall, within certain limited times, submit the existing "*General Rules*," or prepare and submit some proposed "*General Rules*" for the government of the Asylums under their superintendence, to one of her Majesty's principal Secretaries of State for his approval; and by the same section, every such Committee are directed and empowered to make "*Regulations and Orders*" (not inconsistent with the "*General Rules*"), setting forth the number, description, and salaries of the officers and servants to be kept in the Asylum, and the duties to be required from them respectively.

With a view of assisting the Justices in their deliberations on this point, and effecting an uniformity, so far as the local or other peculiarities of each Asylum would admit, her Majesty's principal Secretary of State for the Home Department re-



quested us to frame a code of Rules for circulation throughout the country.

In compliance with this request, we gave our immediate attention to the subject, and, in order to enable us to arrive at more correct conclusions, we examined and compared the various Rules now in use in each of the Public Asylums and Hospitals throughout the kingdom, and in several foreign Institutions, and we also took into consideration the information from time to time obtained by Members of our own body during their periodical visitations to the numerous Lunatic Establishments in England and Wales.

Eventually we prepared the *Proposed General Rules for the Government of Lunatic Asylums*,<sup>a</sup> which will be found in the Appendix (F.); having previously submitted them to some experienced Medical Officers of Asylums, and adopted such suggestions as appeared to us likely to render the Rules more generally useful.

On transmitting these Proposed Rules to the Home Office, we explained that it was scarcely practicable to shape an uniform system of Rules, to suit the exigencies of all Public Asylums, differing, as most of them do, in some respect from each other, in size, arrangement, and mode of government. And we stated that several of the proposed Rules might not be applicable, or might require considerable modifications in certain cases; as, for instance, in those Institutions where there are two

*Code of Rules proposed.*

*Appendix (F.)*

resident Medical Officers, as at Hanwell; where there is no Visiting Physician, as at Porston, in the county of Dorset; or where both Private and Pauper Patients are received, as in the Asylums for the counties of Chester, Stafford, and Gloucester. We stated also that we had thought it advisable to engraft upon the body of the "General Rules" some matters relative to the duties of the officers, servants, and keepers, apparently belonging more particularly to the "Regulations and Orders," because they appeared to be of much general importance, and to be such, as, in our opinion, it was desirable that all Public Institutions for the Insane should be compelled to adopt.

*Main objects  
of General  
Rules.*

The main objects to be attained in framing Rules for the government or management of a Lunatic Asylum appeared to us to be as follows, viz. :—

1st. To ensure an effective supervision of the Establishment, by requiring the attention of the Visitors specially to the several duties prescribed by the Act (8 & 9 Vict., c. 126), and to all matters of contract and expenditure relative to the Institution; and by the appointment of a House (or Sub-) Committee, for the purpose of making a more frequent and minute investigation into the details of management; the bodily and mental condition of the Patients, the regularity of all journals, of all certificates and other documents, and of all accounts.

2dly, To require, on the part of the Resident Medical Officer, the performance of various specified duties, having reference to the medical and moral

treatment of the patients, and their liberation when fit for discharge.

And 3rdly, To effect a separation of the sexes, and a proper classification of the patients; to ensure to them the means and opportunities of exercise, employment, and amusement; to provide them with a sufficiency of attendants; to prevent their suffering from harshness and unnecessary restraint; to give facility to the visits of their friends; and, in other respects, to ensure, as far as may be, their health, tranquillity, and general comfort.

Copies of the "*Proposed General Rules*" were circulated by direction of Secretary Sir George Grey, with an explanatory letter, informing the visitors of Asylums that the document had been prepared for the purpose of assisting them in drawing up sets of Rules applicable to the local circumstances of their respective counties.



Annual Ac-  
counts, 40 and  
44.

*Accounts.*—The Committee of Visitors of every Asylum are required, by the 40th section, to appoint a Treasurer, who shall keep accounts of all monies received and paid by him on account of the Asylum;\* and by the 44th section it is enacted, that the Clerk of every Asylum shall keep an account of all monies which shall be received or paid on account of the Asylum, either to or by the Treasurer of the Asylum or otherwise, and shall, in the month of March in every year, send to us a copy of the Account of all such monies for the year previous, ending the 31st of December, of which we are directed, within one month, to make out an Abstract, and to lay the same before both Houses of Parliament.

Accounts re-  
ceived  
various in  
form, and not  
reducible to a  
Tabular Ab-  
stract.

The Accounts received by us from the various Asylums in the year 1846, were rendered in such various forms, and made out upon such different principles, that they did not admit of being reduced to a Tabular Abstract; nor was it in our power to obtain corrected Accounts in a uniform shape, under specified heads, in time to comply with the requisition of the Act during the last Session of Parliament. The subject has been since much considered by us, and we have communicated with several of the most experienced Clerks of Asylums, and other persons practically conversant with such matters,

\* The 34th section provides for the keeping of regular accounts, (to be delivered to the Justices in General or Quarter Sessions, or Town Councils, as the case may be,) of all receipts and payments in respect of principal monies, taken upon mortgages and interest thereon charged upon County or Borough rates, pursuant to the 34th and 35th sections.

with a view to procuring full and clear statements of Account, as required by the Act, from all Asylums. Difficulties were raised with reference to certain Asylums of a mixed character, a portion of whose receipts and income were derived from the payments of private Patients, investments, voluntary contributions, and other contingent funds. It was also contended, and with justice, that an account of monies actually received and paid within any given year, would not exhibit the state and management of the Asylum, as respected its income and expenditure during such year, and that a true account ought to show the amounts due to and owing by the Asylum at the commencement and termination of the year. We have, however, considered it our duty to adhere to the Act, and with that view have circulated a detailed Form of Account, and a Form of Balance Sheet, which have been, with few exceptions, approved and adopted by the several Asylums, and copies of which will be found in Appendix (M.)

Difficulties raised with reference to mixed Asylums.

Forms of Account and Balance Sheet circulated.

Appendix (M.)





## PART II.

### ON THE PRESENT STATE OF LUNACY AND OF LUNATIC ASYLUMS.

WE now propose to offer some observations on the present state of Lunacy and of Lunatic Asylums; with the view more especially of explaining to your Lordship the general improvement that has taken place in the provision made for the Insane.

The subject of Lunacy has frequently been made a text for medical dissertation; and the income of a Patient, his fitness for liberation, or the cause of his death, has occasionally become matter for inquiry, and has thus brought some fact before the public, in the shape of a legal or equitable question, affecting a particular case. But it has never been sufficiently taken up as a matter of general interest; nor has it ever been considered, by the community, in the light of a great national evil, spreading through numerous families, to which every remedy that medical science can suggest and law can enforce, ought immediately to be applied. Beyond the pale of the medical profession, the condition of the Insane has attracted the attention only of a few individuals, who have undoubtedly, with great zeal, and in the face of many obstacles, repeatedly urged the necessity of some legislation on the subject; and indeed it is mainly owing to their persevering efforts that the present provisions in favour of Lunatics exist. If the advocates of the Insane have, after all, failed to create any permanent interest in the question, it

*Preliminary observations.*

is, as we are inclined to believe, because the subject has rarely been fully understood, and its extent and importance have therefore been much underrated. We may state that it comprehends many thousand persons, a large annual outlay, and a very large amount of invested capital.

*Returns of Insane persons in England and Wales.*

There are, in England and Wales alone, according even to the returns, more than 23,000 persons of unsound mind. These returns, however, are notoriously imperfect, falling far short of the actual amount; and they do not, moreover, embrace the whole of a numerous class, who are termed 'Imbecile' persons, having been so from birth, or become so from senility. Such persons being incapable of managing their affairs in an efficient manner, and being in many instances on the verge of idiocy, require in effect nearly the same protection, although not the same treatment, as ordinary Lunatics, and should therefore properly be included in any estimate of the number of persons of Unsound Mind.

*Proportions of higher and middle classes, and of Paupers.*

Of the 23,000 persons before referred to, nearly 5,000 belong to the higher and middle classes of society, and about 18,800 are paupers. The whole are scattered about in various places; in Private Dwellings, in Hospitals, in Licensed Houses, in Workhouses, or in County Asylums devoted solely or principally to the reception of the Lunatic Poor.

*Sandwich in Asylums, Hospitals.*

The precise number of Patients resident in the existing County Asylums, Hospitals and Licensed

Houses on the 1st January, 1847, will be seen by reference to Appendix (B.) to this Report. By this it appears that there were, at that time,

and Licensed Houses, on 1st January, 1847. Appendix (B.)

PERSONS.		Total number of inmates on 1st January, 1847; and where resident.
1. In the County Asylums, Hospitals and Licensed Houses, subjected to our visitations, 3,574 private Patients, and 9,652 Paupers,* together	13,226	
2. In Bethlem, and in the Naval and Military Hospitals, not subjected to our visitations - - - -	600	
To these must be added—		
3. Paupers in Poor Law Unions and places under local Acts† - - -	8,986	Appendix (A.)
4. Paupers in Gilbert's Unions and other places not in Union† - - -	176	
5. Also, 307 of 542 single Patients found Lunatic by inquisition, (235 being in Licensed Houses) - -	307	
6. Other single Patients in private Houses, under the charge of persons receiving profit, about - - - -	139	
7. The excess of Pauper Patients in Workhouses, &c., estimated by the Visiting Commissioners, as, at least, one third over the number returned by Parish Officers - - -	3,053	
8. Criminals in Gaols - - - -	32	
	<hr/> 20,516 <hr/>	

Large number of persons engaged as

In the care and protection of the Insane, several thousand persons, of various conditions of life, are en-

\* This number includes between five and six hundred Pauper Lunatics not chargeable to any Parish or Township, but maintained out of the County Rates.

† See Appendix (A.)



care of the  
Insane.

gaged; some as Committees and Visitors; others as Proprietors of Licensed Houses; and the rest as Medical Officers, Superintendents, Matrons, Clerks, Stewards, Male and Female Attendants, and domestic Servants. In the Hanwell Asylum alone, there are about 100 persons employed to attend the Patients; having at their head a consulting Physician, and two Medical Officers as Superintendents. In some of the Private Establishments receiving Patients of a high class (such as Dr. Fox's Asylum at Brislington, Dr. Willis's at Shillingthorpe, and Mr. Newington's at Ticehurst,) the number of Attendants and Servants averages about one for every two Patients.

Aggregate  
number of  
Insane, and  
persons  
engaged in  
their cure.

The aggregate number of the Insane and Imbecile, together with their various Committees, Visitors, Medical Officers, Attendants, and Servants, cannot be fairly estimated, we think, at less than 30,000 persons.

Number of  
Lunatic Es-  
tablishments.

The several establishments appropriated, solely or mainly, to the use of Lunatic Patients, appear to be County Asylums, Hospitals, and Licensed

Houses - - - - - 177

Separate Establishments for single patients 437

Number of  
Workhouses  
containing  
Lunatics.

To these must be added Union and Parish Workhouses in England and Wales (500 in number) in which the Insane and Imbecile Poor reside in various numbers, extending from one to about 100 in each Workhouse.

The value of the various private Asylums in

this country, 142 in number (some being very large and expensive establishments), we have no means of calculating; but it is assuredly of very great amount. The sums expended in building, furnishing, and altering nineteen of the County Lunatic Asylums (according to the return made to Parliament, in 1846), amounted nearly to £1,000,000. This sum did not include the expense of three County Asylums since erected, nor thirteen public Hospitals receiving Lunatics, of which Bethlém Hospital alone cost £120,000 and St. Luke's £55,000. The expense of these last-mentioned sixteen public establishments, when in a complete state for the admission of patients, has not probably been much less than that of the nineteen County Asylums above-mentioned.

Aggregate  
cost of build-  
ing and fur-  
nishing nine-  
teen County  
Asylums, &c.

No materials exist for calculating the value of the property possessed by Lunatics, and we are unable to state the precise yearly sum expended on their behalf; but an approximation to the amount may be obtained by referring to the incomes of some, and examining the maintenance of others. According to the Parliamentary Return of 20th June, 1839, there were then 494 patients found Lunatic under Inquisition, whose incomes, altogether, amounted to the yearly sum of £277,991 13s. 3d.; and, on the 1st January, 1847, there were 542 such patients, the aggregate amount of whose yearly income was about £280,000, almost the whole of which is expended for the benefit of themselves or their families. The number of private and pauper patients confined in Asylums is ascertained, and the average rate of payment for each,

Approximate  
value of prop-  
erty pos-  
sessed by  
Lunatics.

as well as the average cost of the pauper patients in Workhouses may be estimated, without deviating very widely from the actual amount.

Estimate of actual amount expended for maintenance of Lunatics, or administered on their behalf.

On a rough estimate, it may be stated that the aggregate amount of money expended every year for the maintenance of Lunatic patients, or administered on their behalf, exceeds £750,000 (viz. :)

1. The cost of 9652 paupers in Asylums estimated at an average of eight shillings per week each	-	-	£200,761	12	0
2. Do. of 8986 paupers, in Union Workhouses, &c., and 173 in Parishes not in Union, (together 9159) estimated at an average of three shillings per week each	-	-	71,440	4	0
3. Do. of excess of 3053 Paupers over the number returned by Parish Officers			23,813	8	0
4. Do. of 3574 private patients in Asylums, &c. at an average of twenty shillings per week each, (deducting the cost of 235, part of the 542 found Lunatic by Inquisition)	-		173,628	0	0
5. Income of 542 private patients found Lunatic by Inquisition	-	-	280,000	0	0
<i>Carried forward</i>			£749,643	4	0



<i>Brought forward</i> -				£749,643	4	0
6.	Cost of 606 patients in Bethlem, and the Naval and Military Hospitals estimated at ten shillings per week each	15,756	0	0		
7.	Cost of 120 other single private patients, taken charge of in separate Houses, at £100 per annum each -	12,000	0	0		
8.	32 Criminals in Gaols estimated at three shillings per week each - - -	249	12	0		
				<u>£777,648</u>	<u>16</u>	<u>0</u>

\* These estimates are not founded upon any minute calculations, for which indeed we have no sufficient materials; but are formed from an observation of the weekly expenses per head of the Insane in the different Asylums, Licensed Houses, and other places wherein they are resident. These expenses differ very much from each other in amount. Thus, the expense of a Pauper Lunatic in the County Asylums (with the single exception of the Chester Asylum, where the cost is as low as 5s. 1d.) ranges from 6s. to 11s. per week:—in private Asylums the expense is greater; rarely falling below 8s., and in some cases exceeding 11s. per week. The average cost per head of Pauper Lunatics, not provided for in County Asylums or Licensed Houses, ranges (according to the Parliamentary Return of 1846) from 1s. 5d. to 2s. per week. The various sums paid for private Patients differ more materially from each other: in some cases falling as low as about 12s. or 14s., and in others rising to three or four guineas per week, occasionally to five guineas per week, and in some few instances greatly exceeding even that sum.

In the estimates set forth in the text, our endeavour has been to avoid exceeding the actual amount, and not to arrive at any precise averages of expense.

The total income of the 542 Patients found Lunatic by Inquisition, is given, as will be observed, because almost the whole amount in each case is allowed for the support of the Lunatic or his family, and the entire income is taken out of the hands of the owner and administered under the direction of the Court of Chancery.

Expense of  
maintaining  
families of  
Insane Poor.

Interest of  
sums invest-  
ed in public  
Lunatic Es-  
tablishments.

General  
costs in re-  
spect of man-  
agers and  
expedients.

Expenditure  
on account  
of Pauper  
Lunatics en-  
trusted to  
Justices and  
Parochial au-  
thorities.

To this amount must be added the expense of maintaining many families cast upon the Parish by the parents' insanity, the expense of supporting many persons termed 'Imbecile,' and the interest of the large sums invested in the Public Lunatic Establishments (some of which are paying interest on borrowed money), which, together, will raise the above expenditure of £777,648. 16s. to little less than £1,000,000 annually.

Thus the question seems to affect, in one way or other, in England and Wales alone, about 30,000\* persons; the yearly administration of about £1,000,000 sterling; and a capital amounting in value to several millions of money. It is manifestly one of considerable extent, and (independently of its bearing upon the general liberty and welfare of the subject) of great public importance.

The expense incurred on behalf of pauper Lunatics, is entrusted to the Justices of Counties and Parish Authorities; whilst the due application of private property, taken for a time out of the control of the owner, is the subject of your Lordship's

\* According to the late Report on the District Local and Private Lunatic Asylums in Ireland, (p. 72), the total number of Insane persons in that country, (including wandering Idiots and Epileptics,) amounts to 12,307; and the number of Lunatic poor in Scotland, according to a late return, is 3413. Add to these the private patients in each country, and the various medical and other officers, attendants, servants, &c., and the result will be that, *exclusive of the families of Lunatics*, the total number in Great Britain and Ireland who are, directly or indirectly, involved in the subject of Lunacy, will be little short of Fifty Thousand persons.

especial jurisdiction.—To ascertain that the patient is duly confined; that he has medical aid, fit attendance, and proper comforts during his confinement; that he is provided with employment and amusement; that his food is good and his place of residence healthy, clean, well ventilated, and in good order; that he himself is not ill-treated, neglected, or improperly restrained; and, finally, that he is liberated when fit for liberation, are amongst the duties imposed upon the various Visitors, and, concurrently with them, upon this Commission.

Duties of Commissioners and Visitors.

As most of these points are involved in the question of the present condition and management of Lunatic Asylums, we shall now take leave to draw your attention thereto.

— It is admitted by all persons well acquainted with the subject, that the receptacles for the Insane in this country have undergone great, although gradual improvement, during the last few years. That this has been owing, in a considerable degree, to the public attention having been lately more directed to them, and to the treatment of Insanity being now better understood than formerly, there can be no doubt. At the same time, we are satisfied that the good condition of these establishments, more especially of the licensed houses, is mainly owing to the special supervision to which they are constantly subject. And it would not be difficult, we think, to trace a very large proportion of the improvements that have taken place in the various Asylums and Houses receiving Lunatics,

Great improvement of receptacles for the Insane.

mainly owing to supervision; and to suggestions of Commissioners and Visitors.



to the suggestions of the persons (Commissioners, Committees of Visitors, and Visiting Magistrates) under whose supervision they have, from time to time, been placed.

Particular  
benefits re-  
sulting from  
inspection  
and super-  
vision.

Without adverting to the many cases where persons have been restored to the world by means of such intervention, important benefits and comforts of various sorts have been obtained for insane patients, by the present system of inspection and supervision. The dwellings for the insane are no longer the gloomy prisons in which they were formerly confined; cleanliness, warmth, and ventilation, are insisted upon; better diet, clothing, and bedding have been provided; personal restraint is diminished, and even where still employed, its severity is greatly mitigated, and its application strictly watched; the health and mental condition of the Lunatic are more carefully considered; occupation and amusement are more generally afforded to him; and in all respects better treatment is secured; whilst an opportunity is periodically given to him of representing any hardship to which he may have been subjected,—an advantage which, as is found by experience, many Patients fully appreciate.

Valuable  
services of  
Medical  
Superinten-  
dents of  
County Asy-  
lums.

In regard to County Asylums and Public Hospitals, a great proportion of the benefit which their lunatic inmates have obtained, has been undoubtedly owing to the Medical Superintendents of those Institutions, a most zealous, able, and intelligent body of men, whose services in the cause of the

unfortunate persons afflicted by mental maladies, it is difficult to over-estimate. We think it just to those gentlemen to make this statement; and to add, generally, that our suggestions have received from them due attention, and that they have, with scarcely an exception, readily concurred in every plan tending to the improvement of their Establishments, or bettering the condition of the Patients under their care.

The Medical Officers and Proprietors of various Licensed Houses are also entitled to great credit, for seconding our endeavours to improve the general comfort and well-being of their Patients, notwithstanding that such improvements have repeatedly involved the necessity of expending large sums of money, with little or no prospect of immediate return.

Co-operation  
of Medical  
Officers and  
Proprietors  
of Licensed  
Houses

We are now desirous of satisfying your Lordship, as far as we are able, that, whatever defects may still be found in Lunatic Establishments, the amount of improvement that has taken place of late years, in the accommodations and comforts provided for the Insane, has been great and general.

General im-  
provement.

The Public Asylums have been in advance of the rest. The funds by which they are raised and supported, and the causes which influence those who have control over them, necessarily give them a superiority over private establishments. Indeed, we are fully convinced that the Lunatic Poor of England will never be altogether properly provided for, until Public Asylums for the benefit

General su-  
periority of  
Public Asy-  
lums for  
Lunatic Poor.

of every County shall have been erected. At the same time, we must observe that there are some private Asylums in which the pauper patient is exceedingly well taken care of, and is as judiciously treated as in County Asylums; whilst, on the other hand, there are a few County Asylums which are inferior to many licensed houses.

Improvement has been subject to fluctuation.

The improvement, as we have said, has been general in almost all the existing establishments. It is true that the progress has in no case, perhaps, been altogether regular and undeviating. Defects have been frequently observed; causes for amission have occasionally arisen; and every Establishment (however well conducted) has exhibited fluctuations, in respect to the improvement of the patients, easily accounted for, and depending upon various causes in no wise affecting the character of the Institution.—Thus the number of Patients occupied varies with the season, a larger proportion than usual finding employment in those times when gardening and field labour are especially required. The numbers subjected to restraint sometimes exceed the average proportion, owing to the influx of new and violent cases, to the excessive heat or severity of the weather, the latter excluding them from exercise or recreation out of doors; whilst the number of recoveries will obviously depend on the number of recent cases received into the Asylum, or the bodily condition of the patients at the time of admittance. Notwithstanding these and similar deductions, however, the improvement upon the whole is, in our opinion, undeniable.



As it would be impossible to make this evident by the use of any general terms, applicable only to the existing state of things, or by any expressions indicative of our own satisfaction at the progress observed by us, more especially in some of the Metropolitan houses, we shall take leave to advert briefly to the condition of certain Establishments, at a former period of their history, in order to contrast it with their state at the present time. For this purpose, we propose to select for illustration a few Asylums receiving paupers, and more especially some which have heretofore been made the subject of public remark, and to specify in what particulars the improvements that we refer to have taken place.

Some Asylums receiving Paupers selected for illustration.

It is only of late years that any but the most scanty means have existed for enabling persons to judge of the general condition of Lunatics, and more especially of that large class of sufferers, the Lunatic Poor. According to the returns laid before Parliament in 1807, and referred to in the report of the "Select Committee appointed to inquire into the state of the Criminal and Pauper Lunatics" (the correctness of which returns are, however, disputed by the Committee) there appeared, at that time, to be 1765 pauper lunatics in work-houses and other places, and 483 in private custody; making a total only of 2248 lunatic poor in England. These numbers were manifestly incorrect, being far below the actual number of patients then existing in this country. It was ascertained, by Sir Andrew Halliday, even within two months after the date of the return, that in Norfolk there were 112 instead of 42, as set forth in the return; and the numbers

Scarcely means, until lately, of judging of condition of Lunatic Poor.

Preliminary inquiry and Return, 1807.

became gradually better known, partly owing to individual inquiries, until the year 1827, when the ascertained number of Pauper Lunatics exceeded 9,000; whilst on the 1st day of January, 1847, the number returned was 18,814; which we are satisfied from our own observations is considerably below the actual amount.

Number and condition of Insane Poor for many years unknown.

It seems clear, therefore, that for many years a large proportion of the Insane Poor in this country must have altogether escaped the observation both of the Government and of the public. Their numbers were not known, with any degree of correctness, even in their own Counties or Parishes; their condition apparently creating no inquiry or interest, except amongst a few benevolent individuals.

First Parliamentary investigation, 1807. Select Committees in 1815 and 1816.

The state of Pauper Lunatics was first investigated by a Parliamentary Committee in 1807. Other Select Committees investigated the condition of Madhouses in 1815 and 1816; upon which latter occasions evidence was taken at great length as to the condition of Bethlem, St. Luke's, Guy's, and the York Hospitals, and of some private Lunatic Establishments receiving paupers. And in 1827 another Select Parliamentary Committee inquired into the state of the "Madhouses in the County of Middlesex." Yet, so late as the year 1827 the Pauper Lunatics of England, except such as were in County Asylums were left without any effective legislative enactment in their favour.\*

and in 1807.

Until 1827 no effective legislation for pauper Lunatics, except those in County Asylums.

\* The Parliamentary inquiry of 1807 gave rise to the Act 48 Geo. 3, c. 16, for the better care and maintenance of Pauper and Criminal Lunatics, which received the Royal Assent on the

The general state of the Insane Poor, when left to the care of their Parish Officers, or who otherwise were without any protection or care whatever, except such as might be afforded by their own families (themselves in a state of penury), can only be inferred from the dreadful condition of those Patients who were confined in Hospitals or Licensed Houses which had the benefit of some supervision, and which became the subject of Parliamentary investigation and public comment.

Inference as to state of Insane Poor left to care of Parish Officers, &c.

So little, indeed, was the question understood, even by the Legislature, that the first Act which notices Pauper Lunatics (17 Geo. 2, c. 5) enables any two Justices to cause them to be apprehended, and to be locked up in some secure place "*and there chained*;" and if the Pauper's settlement should prove to be in another Parish, then he was to be forwarded thither, and there "*locked up and chained*" by the Justices of that district. This Act is adverted to in the Report made by the Select Committee appointed to investigate the subject in 1807, as being the only Parliamentary Act affecting the Lunatic poor. In fact, until the year 1828, no one was appointed

17 Geo. 2, c. 5. Justices' powers as to Pauper Lunatics

Until 1828

23rd June, 1808, and which authorized Justices of Counties to erect Asylums for the Lunatic Poor. This Act was subsequently amended in 1811 and 1815, and was finally repealed (together with other Acts) by the Act 9 Geo. 4, c. 40, on the 15th July, 1828. At that time, only seven County Asylums had been erected, viz., those of Nottingham, Bedford, Norfolk, Lancaster, Stafford, Cornwall, and Gloucester. These institutions were not capable of receiving altogether more than 1,457 pauper patients; whereas according to the return made to Parliament in 1827, there were at least between nine and ten thousand Pauper Lunatics in England.



no one appointed to visit Pauper Lunatics in Private Asylums.

to visit any of them, except such as were in County Asylums, or to see that any care was bestowed upon them, or that they were not oppressed (as in fact they often were) by the cruelty of the attendants, to whose almost unrestrained authority they appear to have been subject. Some of them, indeed, passed under the review of certain Members of the College of Physicians, who visited the Metropolitan Licensed Houses, a few of which included some Pauper Lunatics; but these Visitors had, in truth, no power to remedy any abuse that they might discover in the Establishments which they were directed to inspect.

14 Geo. 3, c. 39, unless as to private Patients, and not extending to Paupers.

It appears, by the evidence taken before the Select Committees, that the Act of Parliament\* "for Regulating Madhouses," which in terms directed visitations to be made to Lunatics, was utterly useless as regarded private Patients, and that its provisions, such as they were, did not even apply to the Lunatic Poor;† who were sent to Asylums without any Medical Certificate, and, indeed, without any authority except that of their Parish Officers. Any person (whatever his character might be) was entitled to have a Licence to receive Lunatics. The Act (14 Geo. 3, c. 49) directed certain Commissioners to meet for the purpose of granting Licences; which Licences, in the words of the section, "they are hereby required to grant to *all persons who shall desire the same.*" The Commissioners, therefore, on being interrogated as to the amount of benefit that had resulted from their visitations, naturally complained that they had no power to

Commissioners had no power to withhold Licences, or to punish abuses.

\* 14 Geo. 3, c. 49.

† Minutes of Evidence, 11 May, 1815, pp. 68, 71. Minutes of Evidence, 16 June, 1837, pp. 41, 42.

effect any good whatsoever. They had no power to refuse a Licence, nor to control the person possessing one, in any respect; nor, unless he refused them admission into his Establishment, to inflict any punishment upon him. It was enacted, indeed, that if the Commissioners should discover anything deserving of censure, they should report the same to the College of Physicians (who itself had no power to punish the offenders), and that such part of their report should be hung up in the College, to be "perused by whosoever should apply for that purpose." This was the only power which the Legislature gave them to correct abuses in Madhouses. The Commissioners stated that they knew nothing of removals; nothing of deaths; that they had no powers as respected the Patients; either to liberate them when recovered; to remove restraint; to regulate the supply of food; to compel proper medical attendance; or, in fact, to enforce compliance with any suggestion which they might make, however important it might be, for the comfort or even safety of the Lame.

To remedy some of these defects, to place some security round the Pauper as well as around the Private Patient, and to provide frequent and efficient visitations to all, a Bill was framed and brought into the House of Commons by Mr. Robert Gordon, and passed (with some Amendments) on the 15th July, 1828, as the Act 9 Geo. 4, c. 41. Amongst many other valuable provisions, it empowered certain Commissioners within the Metropolitan district, and the Justices in Sessions, throughout the Provinces, to License all Houses

9 Geo. 4, c. 41.

The important powers given by this Act.

receiving two or more Lunatics "if they should think fit," (ss. 2, 10); thus indirectly authorizing them, for the first time, to refuse a License. It directed the Commissioners and certain Justices (in their respective jurisdictions) to visit every House four times a year (s. 20); and it made the concealment of a Patient a misdemeanor (s. 21). It enacted that no Private Patient should be received without two medical certificates, and no Pauper Patient without one (ss. 29, 30, 31):—That notices of every\* Admission, Removal, and Death should be sent to the Clerks of the Commissioners and Visiting Justices (ss. 32, 33); (by which means an account is now necessarily rendered of every Patient):—That there should be a medical practitioner resident in large Asylums; and that every smaller one should be visited twice a week by a Medical Attendant who should report thereon, and on the health of the Patients (s. 35); and, finally, it empowered the Commissioners and Justices to *liberate* Patients who, in their opinion, were detained in any House without sufficient cause (s. 37).

2 & 3 Will. 4,  
c. 107.

This Act, as your Lordship is aware, was subsequently amended, in some respects, and was eventually remodelled, and reproduced as the Act 2 & 3 Will. 4, c. 107., which gave more extensive powers, and assigned additional duties to a new Commission.

\* Previously to this Act, the Commissioners had no means of ascertaining the number of Pauper Lunatics; and had no authority to require any account of them.—"About three-fourths were Paupers." We cannot ascertain the number correctly . . . "We ask the Keeper how many Patients there are. I enter the names as he gives them to me; and if we come within a few of his number, we thank ourselves very well off?"—(Minutes (1815).—Dr. Forrell's Evidence, pp. 74, 76.)



The Commissioners who were appointed under the Act 9 Geo. 4, c. 41, to license and visit houses within the Metropolitan district, represent the condition of those houses, at that time (1828), as having been defective in almost every important particular.

The enormities existing in Asylums, public as well as private, previously to the Parliamentary investigations of 1815, 1816 and 1827, can scarcely be exaggerated. They comprise almost every species of cruelty, insult and neglect, to which helpless and friendless people can be exposed, when abandoned to the charge of ignorant, idle, and ferocious keepers, acting without conscience or control. Those investigations, however, had been productive of good. The last, in particular, had suggested doubts and had stimulated inquiry with respect to the state of Lunatic Asylums in general; and the Act 9 Geo. 4, c. 41, had compelled the Proprietors of the Metropolitan houses to put a stop to certain objectionable customs, and to place their establishments on a better footing. Nevertheless, the Commissioners found on their first visits that much still remained to be done, and that without vigilant and frequent supervision little good of any kind could be secured. Their attention was directed mainly to the houses receiving Paupers, in which it was reasonably supposed that defects were more likely to exist than in Establishments appropriated merely to private cases, where the fact of it being the interest of the Proprietor to satisfy the friends of the Patient as to his treatment would, for the most part, prevent the occurrence of any very serious abuse.

Abuses existing previously to Parliamentary inquiries.

State of Metropolitan Licensed Houses in 1828.

On investigating the condition of the Houses receiving Paupers, the Commissioners found that they were, in most respects, defective. Generally speaking, the apartments of the Pauper patients were dirty, ill-ventilated, and altogether wanting in comfort. Personal restraint prevailed to a great and inexcusable degree. The number of attendants was, in almost every instance, inadequate to the proper care and control of the patients. There was no classification; rarely any religious service; no occupation; no amusements. The clothing was in many cases bad, the bedding frequently insufficient. Infirmaries were wanting; medical aid was scantily supplied; and the medical treatment itself was of very questionable character.

The early Reports of the Commissioners and Visiting Justices do not often enter into many details; but sufficient may be gathered from them to show that they witnessed a very different state of things from that which exists at present.

House at  
Plaistow  
suppressed.

As instances of this, it may be stated that there existed, at that time, a Licensed House at Plaistow, in Essex, which was under the management of persons of the name of Casey. It appeared that this concern was in the hands of Trustees, on behalf of Creditors, and that no one was interested in promoting comfort or good order in the Establishment. The male and female patients were placed at night in a cold outhouse; they were left entirely to themselves, without aid, and apart from all control; the rooms were wet and dirty; the patients dirty; the house very much out of repair; two men slept

together in one bed; the only Attendant for the male patients was a man who had himself been previously insane; there were no baths; and no attempt to cure or relieve the patients by means of medicine.

After several ineffectual efforts to improve the condition of this Asylum, the Commissioners thought it their duty to bring the matter before Sir Robert Peel (then principal Secretary of State for the Home Department), and to urge his interference; and, accordingly, on the representation of the Commissioners, Sir Robert Peel revoked the licence in May, 1829, and the premises have not since that time been licensed or used for the reception of the Insane.

Another house existed, at the same period, at Edmonton, and was under the Superintendence of Mr. Fox. This place (which was licensed to receive eight private and 130 pauper patients) was found to be in wretched condition. The sitting-rooms and crib-rooms were damp, close, crowded, and ill-ventilated; the bed covering insufficient; the number of Keepers inadequate; the garden and airing grounds unfit for the purpose, and "most dangerous;" and there was no Infirmary, either for the male or female patients. There being no appearance of improvement, after several visitations had been made, at each of which the Commissioners recorded their disapprobation as to the state of the Establishment, they recommended Sir Robert Peel to revoke the licence, which was accordingly done in April, 1829, and the house has never since been used as an Asylum.

House at  
Edmonton  
suppressed.



Condition of  
certain large  
Lunatic Es-  
tablishments  
in 1815, 1816,  
and 1827.

In entering upon any statement, as to the good resulting to the Insane from any of the enactments before referred to, it seems expedient, at the same time, by means of a few extracts, to bring before your notice the condition of some of the large Lunatic Establishments, as they existed previously to the year 1828. The sources from which these extracts are drawn, are the various Minutes of Evidence taken before several Select Committees of the House of Commons, directed to make inquiries into the subject, in the years 1815, 1816, and 1827 respectively.

York Hos-  
pital, in 1815.

Of these, the first that became the subject of public inquiry, was the *York Asylum or Hospital*. This occurred in May, 1815. It was found, at that time, that there were concealed rooms in the Hospital, unknown even to the Governors of the Asylum; and that patients slept in these rooms, which were saturated with filth, and totally unfit for the habitation of any human being. Thirteen female patients were crowded in a room twelve feet by seven feet ten inches only; the keepers had access to the female wards, and several female patients became pregnant. One patient (a clergyman) was kicked down stairs by a keeper, whilst his wife was insulted by the keepers with indecent language, in order to deter her from visiting him. Another male patient disappeared, and was never afterwards heard of; four patients were supposed to be burned to death (the Asylum having been "*found to be on fire*," a few days after a general investigation of it was directed); and there were several other patients "of whom no account could be given." At this time, the Physician was "the sole

Physician, sole Visitor, and sole Committee." The Governors visited only on quarter days, and once annually, and then not to inspect the patients, but to examine the accounts; and the Magistrates of the County had no authority whatsoever, in reference to the institution, or to its officers or attendants, or to befriend the patients. The food was bad. The Asylum was bad throughout; crowded, ill-ventilated, and most dirty and disorderly. One patient who had been kept for a week naked, in a dark room full of filth, could only obtain a shirt by promising a bribe of five shillings to the keeper who was placed over him; and, in fact, the patients appear to have been left altogether to the caprice of ignorant and brutal attendants.\*

This state of things no longer exists. Independently of this Hospital being now subject to our visitations, the Governors themselves, at every Quarterly Court, appoint five members of their body, who (besides other duties) inspect the condition of the House and of the Patients once every month, and they also appoint a Committee of Eight Visitors,—four gentlemen and four ladies. The special business of this Committee is to make their rounds systematically through every part of the House; to see and converse with the Patients; to listen to their complaints, and to inquire into all things connected with the management or general arrangement of the Hospital, which may seem to require observation or correction. They visit not at any stated periods, but at all hours and seasons,

the general state.

sometimes together, and sometimes singly ; and the result of their observations is recorded in a Report Book, which is laid before the Governors at the next Quarterly Court.

Under a supervision of this kind, evils such as existed previously to the year 1815 must necessarily be extinguished ; and, accordingly, we learn from the Reports of the Metropolitan Commissioners when visiting this Establishment, that it was, throughout, in a most creditable condition. At the first visit, the Commissioners found 159 patients in this Hospital, only one of whom was restrained ; his hands being confined to prevent his cutting them (as he always attempted to do when at liberty) against the windows. There were fifteen attendants, in order to dispense with the use of restraint. Medical treatment was regularly used ; classification attended to ; and employment afforded to the patients of both sexes. The Commissioners conclude their Report to the Metropolitan Board, by the expression—"Of the general condition of this Asylum we cannot speak too highly."

In another Report it is stated that there is a resident Medical Superintendent whose sole or principal duty is to attend to the condition of the patients, and to superintend and direct their medical and moral treatment, the financial and provisioning departments being in other hands, except that the Medical Officer has unlimited power to order cordials and extra allowances for patients whenever he may think fit. Also, that there are a Matron, a Steward, and other proper officers ; that there are rooms of seclusion,



in order to supersede the necessity of personal coercion; that the diet is on a liberal scale, the pauper patients having (amongst other allowances) meat for dinner five times a week, with bread and vegetables. We have, in short, every reason to think that the patients are now altogether well treated in this Establishment.

The condition of *Bethlem Hospital* was ascertained in the year 1815.\* At that time, female as well as male patients were chained to the walls, covered only with a blanket formed into something like a gown. One man (Norris, whose case is well known), was kept confined in chains for *fourteen years* without the smallest interval of liberty. Stout iron rings were riveted round his arms, body, and neck, the latter being made to slide upwards and downwards, on a massive iron bar, inserted in the wall. And he was placed under the care of a keeper, who was almost constantly drunk, but who nevertheless retained his situation for several years. Patients were liable to be chained not merely for safe custody, but also as a punishment. It would appear from the evidence that little or no medicine, with the exception of a certain "powder," was administered to the patients, 122 in number, and that the medical attendant did not reside in the Hospital, but came once a day for an hour. The system of treatment consisted of bleeding, purging and vomiting in the spring months. A certain day was appointed on which the patients

*Bethlem Hospital, in 1815.*

\* *Minutes of Evidence* 1815, pp. 11, 12, 16, 26, 40, 85, 86, 93, 94, 95, 99.

were bled, another when they were purged, another when they were vomited. They were bled in May, and again in June; the precise time depended on the weather. All this had been the practice for many years, and no better practice, it was stated, was then known. The patients had not, at the date of the inquiry, been bathed for some time, because the bath was in an awkward place. It was so situate that only the men could go there; therefore the women had not bathed. There were so few servants that chains and fetters were the only means of restraining the patients. These however were considered to be "fit only for pauper lunatics."

In present  
state, according  
to report.

We have no means, except through private report, of knowing the present state of this Hospital, which is especially *excepted* from our visitations. We are told, however, that it is in good order, and we willingly believe that it exhibits none of the barbarities which were formerly practised within its walls. The patients who were heretofore, for ten years, left to the care of a Surgeon,\* who was "generally insane, and mostly drunk," are now placed under a regular Medical Staff, at the head of which is Dr. Moore.

St. Luke's  
Hospital, in  
1815, 1816,  
and 1827.

In 1815, 1816, and 1827, some inquiries were made as to the condition of *St. Luke's Hospital*. In 1815, it would appear from the evidence, that the dirty patients were without a change of clothes, inasmuch as it was the custom to keep them in bed one day, when "their things were washed"

\* Minnes (1815), p. 104.

and put on again.\* At this time, the master stated that he was never in the habit of keeping violent patients in bed above four or five days at a time.† In May, 1816, the Hospital was inspected, when it was found that the walls were excessively filthy, not having been whitewashed for five years; the day-rooms were crowded, ill-ventilated, and highly offensive; there was not half the proper number of attendants; there was no classification, and (for the men) no employment. In 1827, about four or five in each gallery (containing thirty-five patients) were under restraint.‡

The evidence laid before Parliament in the above mentioned years does not show very minutely the condition of St. Luke's Hospital; the main inquiries having been directed to Bethlem, and the Establishments at Bethnal Green, Hoxton, and other places where greater abuses were supposed to prevail.

St. Luke's Hospital was not subjected to the inspection of the Metropolitan Commissioners until the autumn of the year 1842. On the occasion of the first visit, a detailed report of the Establishment was laid before the Metropolitan Board, which showed that, notwithstanding considerable disadvantages which the Hospital was subjected to, from its confined situation and original construction, or otherwise, the condition of the wards and of the patients was such as to give satisfaction to the Visitors. The rooms were clean. There was only

its recent  
and present  
state.

\* *Minutes of Evidence*, 1815, p. 131.

† *Id.* p. 132.

‡ *Id.* 1827, p. 57.



one destructive female, out of 222 patients, under restraint, which (it was stated) was avoided as far as practicable. It appeared that the number of attendants had been doubled soon after the year 1830; and that besides the attendants, of both sexes, there were a Resident Medical Officer, a Steward, a Matron and twelve Domestic Servants on the Establishment. Medical treatment was used to a considerable extent, and warm and shower-baths were employed. Classification, however, is necessarily imperfect in this Establishment, owing to the small quantity of ground attached to the Hospital. There are only two yards for the patients, one of which adjoins a burying-ground.—The subsequent accounts received from the Visiting Commissioners confirm the foregoing good account of this Establishment.

Hoxton  
House, in  
1815.

At *Hoxton House*, in May, 1815,\* the dirty and clean patients were intermixed. Twelve of the males slept two in a bed. The rooms were crowded, wet, filthy, unventilated, and very offensive; some of the dormitories were lighted and aired by apertures, without glass; and the patients themselves appear to have been altogether neglected; and to have been without medical treatment, or any proper care. Dr. Weir, who visited the Naval Officers and Seamen confined in this House, in 1814 and 1815, gives evidence to this effect:—"Some of them [the patients] have been there fourteen years, to whom a single grain of medicine has never been administered for the cure of their insanity." In reference

\* Minutes (1815), pp. 25, 26, 27 and 28.

to one patient, he says "This poor object was exceedingly dirty, much emaciated from an affection of the chest, and had a wooden bowl before him with a few dirty potatoes in it; but was without drink, medicine, or an individual creature to give him the smallest assistance." In reference to another patient he says, "he was lying in his crib, without medicine, without attendance, and without anything necessary." The bed-rooms of the seamen, he says, were "as usual, close, crowded, unventilated, and evidently hurtful to the health."

This Asylum is deficient in the extent and number of its airing grounds; and, as a consequence, the use of mechanical restraint has prevailed here more than in many other Establishments; but the great want of accommodation for Pauper Lunatics, in the County of Middlesex and elsewhere, renders it difficult to reduce the number of patients in this Asylum, until fit places shall be provided for the surplus numbers, by the proper authorities. In addition to the deficiency above mentioned, it will be observed, by reference to the Visiting Commissioners' Entries (see Appendix G.) that there have at various times existed several other defects, that have called forth the animadversion of the Commissioners, who however have gradually succeeded in introducing various improvements.

Defective, as to extent of grounds.

Appendix (G.)

At the present time, the Asylum is in a far different state than when Dr. Weir's evidence was taken. In proof of this, it may be stated that there are now two Medical Officers constantly resident on

In present improved state.

the premises, one being the Superintendent, and the other a Physician, who prescribes for the sick; that the Dormitories are clean throughout the Asylum; that all are now glazed, none crowded, and most of them provided with the ordinary comforts; that there are hot, cold, and shower baths, (seven in number) for the use of the Patients; that the diet is good, and decently served, and that a large proportion of the patients have extra allowances of food.

The number of attendants is also increased. At the Visit in February last, there were seven male and thirteen female attendants for the care of 410 patients, and we then directed that at least one additional male attendant should be engaged, who has since been engaged accordingly. The treatment of the Insane also is, as we believe, regularly attended to; there being at our last visit twenty-six, and at the preceding visit thirty-three patients under medical treatment, without reckoning such patients as were merely taking the house medicine. As the Asylum contains a very large proportion of chronic cases, this number is not inconsiderable. Upon the whole, we are disposed to think that the substantial comforts of the patients are now attended to, and that they are kindly treated; and it is right to state that many of them have expressed themselves satisfied with their treatment since the appointment of the present Superintendent.\*

---

\* The house at Finsbury, Wines, the bad condition of which was reported in 1815, at which time, out of 14 male patients, "only one was without *fittens or handkerchiefs*, and only three out of their sleeping room." (See Minutes, 1815. pp. 43, 44.) is no longer licensed.



The condition of the two houses, called the Red House and the White House, the one appropriated to males and the other to females (the whole being now included in one licence, under the name of *The Bethnal Green Asylum*) was inquired into by select Parliamentary Committees, in the years 1815, 1816, and 1827. It was found on the first inquiry, that the then Commissioners in Lunacy had reported that "several of the Pauper Women were chained to their bedsteads naked, and only covered with an hempen rug" (this was in December), and that the Commissioners had resolved, that "the accommodation for paupers was infamously bad and required immediate reform." It was also found that, in January, 1816, the Commissioners had reported that "The Paupers' Department, especially that appropriated to Women, was unwholesomely crowded," and that "some Pauper Men were chained upon their straw beds, with only a rug to cover them, and not in any way defended from the external cold."<sup>\*</sup> In 1816, it was stated in evidence before the Committee, that the patients were subjected to brutal cruelties from the attendants; that they suffered very much from cold (one patient having lost her toes from mortification, proceeding from cold), and that they were infested with vermin.† In 1827, it was further stated in evidence,‡ that dirty patients were chained to their crills and confined without intermission, from Saturday night till Monday morning, in crowded ill-ventilated

Bethnal Green Asylum in 1815, 1816, and 1827.

<sup>\*</sup> Minutes, (1815), pp. 167, 168.

† Minutes (1816), pp. 2, 3, 4, 8, 9, and 82 to 87.

‡ Minutes (1827), pp. 16, 18, 20, 32, 37, 38, 39, 40, 89, 90, 118, 120, 123, 145.

places; that the object of this was to give some of the keepers (of whom there was an insufficient number) a holiday on Sunday; that the patients lay in these cribs naked, upon straw, with nothing but a blanket to cover them, although the window was merely an aperture without glass; that these were dirty patients, insensible to the calls of nature; yet that none of them were washed and a few only of them were "wiped" during this period; and that on the Monday morning, even in November, (and as one witness stated, in frosty weather,) they were rubbed down with a mop, dipped in cold water, like so many animals.\* It was further stated that there was no Medical treatment for Lunsanity;† that there was no employment, or classification; and that the patients were entirely at the mercy of their keepers. It appeared (amongst other things) that, for 170 male pauper patients, there was only one towel per week allowed, and no soap; that there was no Medical Resident; and that the House, although it contained nearly 500 patients, was visited only twice or three times a week by an Apothecary, who merely prescribed strong doses of purgative medicines occasionally for the patients.‡

So bad did the condition of the Red and White Houses at Bethnal Green appear, from the evidence brought before Parliament, that the Metropolitan Commissioners (upon their appointment under the Act 3 Geo. 4, c. 41) entertained great doubts

\* Minutes (1837), pp. 118, 139, 135, 128, 145, 160, 178.

† Minutes (1837), pp. 22, 33, 24.

‡ Minutes (1837), pp. 33, 34, 38, 113.

whether they ought to continue to license these Houses at all. It was found, however, on the first visit, that one consequence of the New Act had been to induce the Proprietor to engage two Medical gentlemen as Resident Officers in the Establishment. One of these came to the Asylum in August, and the other in September, 1828; and almost the first Report to the Metropolitan Board after this event, contained expressions of approbation of the new Superintendents. The good effects of appointing Medical Resident Officers, of frequent Visitations, and of the increased powers of the Commissioners becoming known, will be seen by reference to Appendix (G), in which a variety of points will be found noticed in the entries made from time to time by the Visiting Commissioners.

1828.—Two Medical Resident Officers engaged.

Appendix (G)

For the better understanding the improvement that has taken place in this Asylum, it should be observed that when the two Medical Superintendents first came to Bethnal Green, mechanical restraint was carried to such an extent that there were *seventy* out of about four hundred patients almost invariably in irons; that there was no bath, no library, not even a book or a newspaper; little or no employment; no means of amusement; a small and inefficient staff of attendants (there being only one to about fifty patients); that the rooms were defective in cleanliness, warmth, and general comfort; that parts of the Asylum were damp and offensive from want of drainage; that the Infirmeries were small, ill-ventilated and inconvenient; that the meat and vegetables were not of the first quality; and, finally, that these two large Establishments,

State of this Asylum on their arrival



containing then four hundred patients, were visited only by an Apothecary, who came not oftener than twice a-week; remaining but a short time at each visit, and attempting nothing in the shape of medical treatment for Insanity.

Subsequent  
improvements will  
be, viz.

The various improvements that have gradually been going on in this Asylum since the last Parliamentary Inquiry, may be thus briefly stated:—

1. Medical  
Superintenden-  
ce.

1. An active and able Medical Superintendence has been established; under which every suggestion of the Commissioners, for improving the Asylum or benefiting the patients, has been at all times readily attended to.

2. Diminution of re-  
straint.

2. The excessive use of mechanical restraint has been abolished, and restraint itself reduced to the minimum degree consistent with the safety of the patients. In place of there being seventy patients in irons, the number now subjected to restraint is exceedingly small; there being sometimes only one or two, and occasionally no patient whatever under any mechanical coercion.

3. Introduc-  
tion of baths,  
&c.

3. From having no baths whatever, there are now warm and cold baths, and shower baths; and from cleanliness being utterly neglected, it is now studied carefully with a view to the health as well as comfort of the patients. There are conveniences (within doors) for washing attached to every yard; as much soap and towelling as the attendants require is distributed; baths are used weekly; and every patient is washed regularly every day.

4. Day-

4. The day-rooms and dormitories are now clean

and of good size, (the latter amply supplied with good bedding); and there are large infirmaries, warm and well ventilated, for the sick and infirm. The whole of the premises have been drained: every yard having a barrel drain of two feet diameter, with a constant run of water; and every water-closet communicating with the drain.

rooms, dispensaries, and infirmaries.

draining the premises.

5. From there being no library, it will be seen, first,—That books are purchased; that these are placed under the care of a patient, and that all the patients (pauper as well as private) have access to them. In 1835, it appears that a library of 500 volumes had been collected; in 1837, it consisted of 600 volumes; in 1844, of 1,200 volumes; in 1845, of 1,500 volumes; and at present we understand that it consists of 2,000 volumes of books, which are accessible to all classes of patients, and are much used.

Library.

6. From possessing no amusements, the patients have now cards, skittles, logatelle tables, backgammon boards, &c.; a billiard table has also been provided for them, and a billiard room has been erected for their use. And from there having been little or no opportunity of employment, the Patients of both sexes are provided with materials for occupation;—some are placed in the Garden; others in the Laundry, in Shops or in Needle-rooms: a Loom was erected; Tailors', Shoemakers', Carpenters', and Papier Maché Shops have been established:—the Patients are encouraged, by small gratuities, to employ themselves; and a considerable proportion, fluctuating from time to time, but amounting sometimes to 150 or more of each sex (or nearly

Amusements and occupations.

Erection of billiard-room.

Shops &c. provided.

Numbers employed.

three-fourths of the Patients) are employed in the Asylum. And it is stated that this system of employment diminishes the necessity for restraint.

Increase of  
attendants.

7. From there having been (see Entry of March, 1829,) three nurses only for 154 Patients,—being at the rate only of one for fifty Patients; there is now, reckoning the entire Establishment, one attendant for every fifteen Patients.

Good Diet.  
47.

8. The dietary is good and ample, and has never within *our* recollection been complained of:—good joints of meat, and good vegetables only are purchased; and the attendants are ordered (as one of the “General Rules” of the Asylum) to supply more food, whenever a patient asks for it, except only in cases of morbid appetite.

Additional  
buildings  
and improve-  
ments, in-  
volving ex-  
penditure of  
£22,000 and  
upwards.

9. The entries will show that, at the suggestion of the Commissioners, rooms have repeatedly been disused, new rooms erected, and a variety of improvements made; and that, for promoting good classification, the whole arrangements of the two houses were altered, at great trouble and expense, and the Red House appropriated exclusively to male, and the White House exclusively to female patients. In enumerating the main additions and improvements effected in the buildings, it may be stated that in the *Red House*, in 1841, single and padded rooms were erected; in 1844, one entire wing, containing day-rooms for 100 Patients, and dormitories, containing 36 beds, was built; and that in 1845, further accommodation for forty Patients (both day-rooms and bed-rooms) was provided:—That in respect to the *White House*, in 1843, 1844, the whole of the house was taken down and rebuilt; the new buildings containing six large



sitting-rooms, sufficient for the accommodation of 150 Pauper females, and dormitories for the same number; all being spacious and cheerful, and kept clean, warm, well ventilated and comfortable. We are assured that, since the Act passed in 1828, between £22,000, and £23,000, have been expended in rebuilding and improving this Establishment.

The foregoing facts will show what good may be effected in an Asylum, originally bad in almost every respect, and still without the advantages of a good site, where the supervision is regularly and carefully made, where the Medical Attendant is skilful, and willing to attend to useful suggestions, and where the Proprietor is liberal enough to carry them out at any reasonable expense.

The condition of the *Asylum at Peckham*, called Peckham House, (first licensed in 1825,) does not appear to have come under the notice of the Parliamentary Committee in the year 1827. It is, however, mentioned in the Report of 1844 (p. 44), as possessing great advantages in its site and grounds; and its internal accommodations are stated to be good. But the diet is referred to as having been the subject of frequent remonstrances on the part of the Commissioners.

State of  
Peckham  
House.

It is satisfactory to us to be able to state that the diet in this Asylum is now good; and that the accommodations for patients are, generally speaking, unexceptionable. Great improvements and alterations have taken place in this establishment, since it was first visited by the Metropolitan Com-

Diet im-  
proved; ac-  
commoda-  
tions good.

Day-rooms,  
dormitories,  
infirmary-  
&c. erected  
at a cost of  
£11,750.

missioners: and it is due to the Proprietor to state that he has never hesitated to attend to our suggestions for the improvement of the Asylum, although their adoption has on several occasions involved considerable outlays of money. Within the last few years, various day-rooms, dormitories, infirmaries, and domestic offices, have been erected on these premises, (some of these, however, being to accommodate an increased number of patients,) and many improvements have been made therein, the entire cost of which has been, as we are informed, not less than £11,750.

Improvements set  
forth, viz.—  
Appendix (G.)

The improvements that have taken place in this Asylum, many of which are adverted to in Appendix (G.), may be thus stated:—

1. Appoint-  
ment of  
Medical Off-  
cers.

1. There was at first no resident Medical Officer; (the Patients being merely visited by an Apothecary, who had elsewhere a considerable private practice). On the suggestion of the Commissioners, a resident Medical Officer was appointed; and latterly another Medical Officer has been added to the establishment.

2. Infirma-  
ries and  
baths pro-  
vided.

2. At first there was no Infirmary, and no bath. In consequence of the Commissioners' remarks, (April, 1829,) an Infirmary was commenced, and was found to be in progress at the next visit in July, and was soon after completed. In 1832, another Infirmary was built and brought into use, instead of the room theretofore appropriated to sick patients. In 1834, the Infirmary accommodation was extended, and improved. At present there are four distinct Infirmaries (two for Males

and two for Females) in this Asylum, containing altogether 48 beds;—and several warm, cold, and shower baths.

3. The Dietary, which was found bad and defective in 1829, and also in April and May 1830, was amended. The food was repeatedly tasted; but being again complained of, a special investigation took place, and finally a sufficient dietary was established, by an order of the Commissioners made under the 82nd Section of the Act 8 & 9 Viet. c. 100. [It should be observed, that the food given to pauper patients is frequently tasted, at the different Asylums, although mention of the fact is not always made in the Entries.]

b. Dietary improved.

4. From no patient being occupied in 1829, the patients were afterwards employed in considerable numbers; amusements have been provided for them; workshops have been erected; and the patients are now encouraged to occupy themselves by means of small gratuities.

c. Employment and amusements provided.

5. The number of attendants, at first too small, was increased, and in March, 1845, there were 92 attendants for 370 patients, being at the rate of one attendant for every 17 patients. Increased opportunities also have been given, enabling the friends of the poorer class of patients to visit them in this Asylum.

d. Staff of attendants increased.

6. The commencement and progress of the different improvements do not appear to be noted in the entries. But it will be observed that a kitchen was objected to by the Commissioners in January 1830, and that in the following April, a new kitchen and larder were built; that in November, 1833, they found that the sleeping apart-



ments had been warmed with heated air; that in April, 1834, they suggested the construction of additional courts, and in the following month they found extensive additions in progress; that in June 1844, they found a new kitchen fitted up; a washhouse and laundry in a forward state; and a large room fitted up as a chapel, all which have since been completed. The day-rooms, dormitories, infirmaries, and offices, executed at a cost of £11,750, have been already adverted to.

Reference to  
Appendix (G)

The foregoing details, relating to the Bethnal Green, Hoxton, and Peckham Asylums, will be found corroborated, in many instances, by referring to Appendix (G.) which consists of extracts from the various entries made by Commissioners, when visiting those Establishments, during a period of nearly twenty years. These extracts do not comprise many points that have been the subject of consideration by the Commissioners, nor the cases of many individual patients investigated by them; but have been selected merely to show that occasions are continually arising, where the intervention of authority is beneficial.

Effects of  
frequent and  
careful scruti-  
naries.

The defects adverted to in the extracts may sometimes appear to be not very important, but they are considerable in point of number, and, taken altogether, the aggregate amount of benefit derived by the patients from their amendment, and from the amendment of many other defects only verbally noticed by the Commissioners, has been very great. It is most desirable that no defect, however small, which can interfere with the comfort of the patient, should at any time escape remark. A careful and

frequent scrutiny has been found to contribute more than anything else to ensure cleanliness and comfort in Lunatic Establishments, and good treatment to the Insane.

These facts will tend to show how advantageous, and indeed how necessary, is the frequent visitation of all Asylums. It is indispensable that powers of supervision should exist in every case; that they should be vested in persons totally unconnected with the Establishment; and that the Visitations should not be limited in point of number, and should be uncertain in point of time: for it is most important to the Patients that every Proprietor and Superintendent should always be kept in expectation of a visit, and should thus be compelled to maintain his Establishment and its inmates in such a state of cleanliness and comfort, as to exempt him from the probability of censure. We are satisfied, from our experience, that if the power of visitation were withdrawn, all or most of the abuses that the Parliamentary Investigations of 1815, 1816, and 1827 brought to light, would speedily revive, and that the condition of the Lunatic would be again rendered as miserable as heretofore.

*Necessity of independent supervision.*

We shall now advert to those Asylums and Licensed Houses which were animalvered upon in the Report of 1844, under the head "Abuses and Defects," and shall endeavour to show what improvements have taken place in each.

*Reference to "Abuses and Defects," noticed in Report of 1844.*

A reference to the Report of 1844 (pp. 46 to 52) will show how utterly defective and disgraceful was the condition of the Asylum at *Haverford-*

*Asylum at Haverford-west.*

Recent im-  
provements  
therein.

*visit*, in the County of Pembroke, when it was first inspected by the Commissioners. We are glad to be enabled to speak of it now in more favourable terms. It was visited, under the existing Act, in 1845, and again in 1846. On the first of such visits, the Commissioners report "the very great improvement that had taken place since their visit in 1842, both in regard to the condition of the house and of the Patients." They state, that the Patients appeared to be kindly treated, their clothing good, and their persons clean; and that the diet had been much improved, and was given in sufficient quantities. The supplies, which were formerly so irregularly furnished, were then quite regular. Upon this occasion, the Visiting Commissioners remarked that the premises had been repaired throughout, that glass windows had been inserted, and some good-sized rooms added to the Establishment. The airing courts, which in 1842 were strewn with large stones (p. 47), were now neat, and surrounded by a border of flowers. The sitting accommodation, formerly so defective, was sufficient. No Patient was under restraint. The beds, which were formerly dirty and almost without bed-clothes, were now clean and well supplied with clothes. A female patient, who was kept naked, in a dark and filthy room, during both day and night (p. 48), was now clean and neatly clad, and was sitting out of doors, free from restraint, and amusing herself. The boy who slept on loose straw, on the stone floor, in a small dark cell (p. 47), now slept in a comfortable bed, was clean and well clothed, and was so far restored to his original healthy state, that the Commissioners (with whom he conversed cheerfully, and



for the most part rationally) examined him with the view of considering whether he might not become soon fit for liberation.

In 1846, the Visiting Commissioners report that the Patients were tranquil and comfortable; none under restraint, and none fastened to their bedsteads at night; that although three of them were of dirty habits, their day-rooms and bed-rooms were clean and free from offensive smell; that the bedding was clean and good, the body clothing neat, and the fare, part of which the Commissioners tasted, of good quality and supplied apparently in abundance.

The limited dimensions of the site are adverted to in each of the reports, and it appears that there is some difficulty in obtaining more land. The impracticability of extending the premises prevented us, when lately applied to by the Magistrates, from recommending the enlargement of the building for the accommodation of all the Patients of the County of Pembroke: the ground being, in our opinion, altogether insufficient, and too close to the other buildings of the Town of Haverfordwest (in which it is situate) to be fit for a County Asylum.

To limited dimensions.

The state of *St. Peter's Hospital*, Bristol, is much the same as set forth in (pp. 52, 53 of) the Report of 1844. There have been some few improvements in the yards and wards appropriated to Lunatic Patients, and a shed has been erected in the yard appropriated to Females, to protect them from the sun and rain; but the situation of the Hospital is open to all the objections formerly

*St. Peter's Hospital at Bristol: still open to former objections.*

urged against it. It is in the centre of the City of Bristol, is extremely deficient in exercise grounds, and altogether without any garden or ground for the occupation of the Patients: it consists, in fact, merely of part of the General Hospital, which itself contains about 300 persons. At the last visit made by the Commissioners, on the 26th November, 1846, there were eighty-nine Insane Patients in the Lunatic wards. They appeared to be generally in good bodily health, and only eight were under medical treatment. But on inquiring into the mortality, it appeared that since the 21st October, 1845 (a period of about thirteen months), sixty-four Patients had been admitted, twenty-seven discharged as cured, and that twenty-seven had died. This mortality appears considerable.

*Fruitless attempts of  
Justices to  
obtain proper  
accommodation for  
Pauper Lunatics.*

Repeated attempts have been made by the Visiting Justices of this Asylum to induce the Governor and Guardians of the Poor of the City of Bristol to provide suitable accommodation for their Lunatics, on another site, and with sufficient land attached to it for the full employment and exercise of the Patients, but without success. We concur with the Visiting Justices in thinking that the wards and yards at present set aside for the Insane Poor of Bristol are totally unfit for the purpose, and that no further appropriation of other wards in the Hospital for the use of Lunatics should take place. The present arrangement is utterly discreditable; and unless the Corporation take measures for its amendment, the condition of the Insane Poor of Bristol will require the intervention of some higher authority.

The defects of *Lainston House Asylum*, in the County of Hants, (the Asylum consisting of a mansion house, occupied by the Proprietor's family and the private Patients, and of stabling and out-buildings appropriated to Paupers,) are enumerated in the Report of 1844 (pp. 57, 58), together with the steps taken by the Commissioners (p. 66), for the amendment of such defects. We are glad to be able to state that this Establishment has been given up, and that the Justices of Hampshire are now taking steps for the erection of an Asylum for all the Pauper Lunatics of the County.

Lainston House Asylum discontinued.

We are also enabled to state that the *West Auckland Asylum* no longer exists as a receptacle for the Insane, the Licence having been discontinued, and the Patients removed principally to *Grindon Hall*, near Sunderland, where they now reside. The Commissioners, who visited this last-mentioned place in 1846, report favourably of the premises; stating that the house was clean, that the Patients appeared to be kindly treated, and that there were two acres of garden ground adjoining the Asylum, to which they have access for recreation or employment.

West Auckland Asylum suppressed.

Patients removed to Grindon Hall.

The condition of the *Wreckenton Asylum*, near Gateshead, in the years 1842, 1843, and 1844, will be found by referring to the Report of 1844 (pp. 55, 56). At the last visit noticed therein (p. 56), it will be observed that the house had been then enlarged and improved.

Wreckenton Asylum.

The Reports made by the Visiting Commissioners

are approved  
1846.



since the passing of the Act now in force, show that considerable improvement has taken place in this Establishment. In a Report (dated in 1845), it is stated that the house was clean; the bedding of fair quality; the Patients, with one exception, quiet and comfortable; that such of them as were capable of forming an opinion, gave a very favourable account of their treatment; that none were under restraint; that the Pauper Patients had liberal meat dinners three times a week, and that the condition of the place was creditable, and exhibited much improvement since it was first inspected by the Commissioners.

In 1846, the house was again reported to be in clean and good condition, and the Patients comfortable, except as respected the dresses of two destructive patients, for whom seven shillings a week only was paid by their respective Unions.

Greenhill  
House,  
Derby.

*Greenhill House*, at Derby, the extremely bad condition of which induced the Metropolitan Commissioners to bring the subject before the notice of the Magistrates of the County of Derby (see Report of 1844, pp. 56, 60), under the hope of obtaining their assistance to amend or suppress the Establishment, is still in existence. The house itself appears, generally speaking, to be in rather a better state than formerly, but the day-rooms and dormitories which the Male Paupers occupy in the out-buildings, and even some parts of the house which are appropriated to Female Paupers, are small, inconvenient, and altogether unfit for the

reception of Insane Patients. We trust that the erection of a Public Asylum near Derby (for which preparations are now making) will speedily afford ample provision for all the Lunatic Poor of the County, and that the Magistrates will thereafter refuse a Licence for the admission of any Paupers into this very defective Establishment.

The Report of 1844 (pp. 41, 42, 58, 66) discloses the bad state of *Geore Place, Narsling*, in the County of Hants, in 1842 and 1843. We are now enabled to state that this Establishment is improved, and that the Proprietor is erecting larger and more commodious buildings for the accommodation of the Pauper Patients. The Asylum has been visited several times under the present Act, and the reports of the Visiting Commissioners show that there has been considerable amendment. On one occasion (March 1846), after speaking favourably of the house, they report that the 'chains,' which had been so strongly objected to by the Commissioners at the preceding visit, had been removed; and at the succeeding visitation, they report that the bedding was clean and good, the clothing decent and comfortable, the general appearance of the patients creditable, and that on the whole the Asylum seemed to be greatly improved.

*Geore Place,  
Narsling :  
Improve-  
ments  
Comm.*

The former condition of *Phyngton House*, in the County of Devon, may be seen by referring to pp. 60 to 65, and 139 of the Report of 1844. The damp, cheerless, and filthy state of the rooms; the want of space and of almost every convenience; the

*Phyngton  
House.*

unnecessary restraint, twenty-three at one time, and twenty-four at another, being confined, (principally by chains) by day or night; the crowded state of the rooms; the squalid condition of the Pauper Patients; and the obvious bad management that prevailed throughout the Establishment, all marked out this Asylum as one which ought to be suppressed. It will be seen (Report, page 65) that steps were then about to be taken, to remedy the abuses complained of.

Improvements therein.

Upon visiting this Asylum, however, for the first time under the existing Act, the Commissioners found that all the Pauper Patients had been removed, either to the Devon County Asylum (lately opened) or elsewhere, and that Plympton House was exceedingly improved. It was clean and free from anything objectionable, either as respected the House or the Patients. There were then only forty-six Patients resident in the Asylum. None of them were under restraint, or confined to their beds at night, and a large proportion were employed. Some airing grounds, originally too small, now opened into each other, and all the lower ranges of cells and rooms, which were formerly the subject of reprobation by the Commissioners, had been thoroughly cleansed and whitewashed, and were in a perfectly clean state. In 1846 the Visiting Commissioners again report that the Patients in this Asylum, with a few exceptions, were in a comfortable state, none being then under any mechanical restraint, although two of them were confined to their beds at night. They also state that the House was clean and well-aired, and its general condition satisfactory.



The former state of *Moore Cottage*, near *Nuskeewing*, in the County of York, is set forth in pp. 64 and 73 of the Report of 1844. It was then open to many objections; being confined, cheerless, and dirty: some of the Patients being crowded too much together, and one subjected to excessive restraint. The parts of the Asylum thus referred to, were mainly those appropriated to Pauper Patients. Since the date of the Report, this house has ceased to be an Establishment for Pauper Lunatics, and the condition of the premises show that some improvement has taken place. The house is ill-adapted for an Asylum; the rooms being small, and the yards for exercise very confined. The Patients (who are still of the poorer class, although not Paupers), are it is said, regularly taken out for exercise upon a farm belonging to the Proprietor, which adjoins the licensed premises.

*Moore Cottage*, *Nuskeewing*: less objectionable than formerly

According to an entry of the Commissioners, in 1845, this house, which then contained only six Patients, was clean, and generally in good order, and the Patients were tranquil and comfortable. In 1846, the entries were to the same effect. There were then seven Patients in the house, no one being in restraint or seclusion; one Patient, indeed, complained as to the food; but the matter was minutely inquired into, and the complaint proved to be entirely without foundation. In 1847, the Report was still favourable; the house being in good order, and no Patient in restraint or seclusion.

The discovery of some small cells or closets occupied as sleeping places for Patients in the Asylum

*Asylum at West Malting.*

at *West Malling*, in the County of *Kent*, and concealed from the observation of both Justices and Commissioners, until they were discovered by the Visiting Commissioners in September, 1843 (see Report of 1844, p. 64), gave rise to the enactment, 8 & 9 Vict. c. 100, s. 63, by which every Proprietor or Superintendent concealing, or attempting to conceal, or refusing, or wilfully neglecting to show any part of a Licensed House or Hospital, &c., becomes guilty of a misdemeanor.

There is no reason to believe that any concealed place now exists in these premises. The closets adverted to in the Report have been thrown open, and the Asylum altogether bears marks of improvement. On the occasion of the Commissioners visiting this Asylum, under the new Act, they reported the rooms to be clean, and well ventilated; the bedding of the Pauper Patients comfortable; their food sufficient, and the general condition of the house exhibiting a marked improvement.

Bailbrook House.  
Some improvements thrown  
siding grounds too small.

The defects of *Bailbrook House*, near *Bath*, are adverted to in pages 42, 45, 67, and 133 of the Report of 1844. Some additions, however, had been made to the Asylum (see p. 45) previously to the date of the Report, and some improvements have since taken place. The reports made by the Visiting Commissioners since the commencement of the new Act are generally favourable. In 1845, however, they found it necessary to make some suggestions for improving the ventilation; they also suggested that certain cells which were situate below the surface of the ground, should be discontinued

as soon as possible, and requested the Visiting Magistrates to join with them in promoting the distribution of books and other publications amongst the Patients, Paupers as well Private. In 1846, it was found that the suggestions of the Visiting Commissioners relative to ventilation, and the purchase of books, had been attended to; but that the cells under the surface of the ground had not yet been entirely given up. The airing grounds of this Asylum are still small and inconvenient, and quite insufficient to afford proper exercise for the Patients. Unless this defect be remedied, the propriety of continuing this house as an Asylum for the Insane will be matter for consideration.

*Hilsea Asylum*, in the County of Hants, noticed in the Report of 1844, (pp. 42, 133,) as a place to which Patients were sent only when unmanageable, and removed without any consideration as to their cure; and where the means of exercise and employment seemed to be wanting,—is no longer licensed for the reception of Lunatics.

*Hilsea Asylum*, discontinued.

No particular mention of *Sandfield Asylum* in the County of Stafford, occurs in the Report of 1844, except that it is stated (p. 73,) that a Patient had escaped from it, and had not since been heard of. The premises, however, are inconvenient, and the rooms and yards appropriated to the Paupers very confined. On visiting the Asylum in February and April, 1846, various defects were observed by the Commissioners, and commented on, with a view to their removal; similar remarks had been made by the Visiting Justices, but apparently without much

*Sandfield Asylum*, the patients escape.



effect. The outer dormitories, for the Paupers, especially were noted as being cold, damp, and uncomfortable. On again visiting the Asylum on the 17th of December last, the Commissioners found the place in a very unsatisfactory state. After adverting, in their report, to the want of space in the yards (which are exceedingly small and unfit for the purposes of exercise, and are moreover surrounded by high buildings), they state, amongst other things, that they observed no tables in any of the Paupers' sitting-rooms (where, however, they dine and take their meals): that the bed clothes were quite insufficient during that inclement season; that in the various beds which they uncovered they found only one rug and a blanket for the upper covering, many of the blankets being old and several consisting of fragments only: that a Patient in bed complained of being starved with cold: that the Patients of both classes, with scarcely an exception, were unemployed; and that they (the Commissioners) saw no book nor any means of amusement provided for them.

Upon hearing this report read at the weekly board, we directed a letter to be addressed to the Proprietor of the Asylum, intimating that unless the defects noticed in the last report were forthwith remedied, we should think it our duty to recommend that his license should not be renewed. This establishment is by no means well adapted to the accommodation of Insane Patients.

We have, in a former part of this Report, adverted to *Hoglock Lodge* and several other establishments, which, from various causes appeared to us to require

particular notice: and we have now brought under your observation the present state of all such establishments as were adverted upon in the Report of 1844; and which, without some such especial mention, might have been supposed to be still deserving of the censure which was at that time passed upon them.

In regard to the general state of the various other establishments receiving Lunatics in England and Wales, they may be represented as being, on the whole satisfactory. The condition of some of them indeed appears to be excellent; but various defects have been noticed in others, and to these it may, therefore, be expedient briefly to advert.—Thus, in the Asylum at *Briton Ferry*, in the County of Glamorgan, the Paupers are lodged in out-buildings, and the apartments appropriated to their use are cheerless and uncomfortable, and the single cells are defective in construction, being small, damp, and incapable of perfect ventilation. At the last visit, it appeared that the roof and windows were not water-tight, and that although the Asylum is situate in Wales, and nearly all the 86 Pauper Patients confined therein were Welsh, and a large proportion of them could understand English but imperfectly, there was not one attendant capable of speaking the Welsh language in the whole establishment.—At *Castleton Lodge*, near Leeds, the back part of the premises is wanting in cheerfulness and comfort, and, on the visit of the Commissioners, on the 25th of September last, a room occupied by five female Patients was noticed as being very imperfectly ventilated, badly

Certain defects noticed in the following establishments, viz.—

Asylum at Briton Ferry.

Castleton Lodge.

Dunnington  
Asylum.

furnished, and as presenting altogether a squalid and wretched appearance. The want of good ventilation in one of the rooms was noticed also at a previous visit.\*—At *Dunnington Asylum*, near York, most of the rooms are small, and some of them too crowded; the sexes are not sufficiently separated; and we discovered that until lately male Patients, in two instances, slept together in the same bed. This practice however has been discontinued, and some other improvements in the dormitories have been made on the suggestion of the Commissioners, and the Proprietor seems disposed to attend to the comforts of his Patients as far as the limited nature of his Asylum will permit.—At *Hessle House Asylum*, one Patient was found to have been subjected to almost constant restraint, in consequence of which we suggested that she should be removed to another establishment, where it might be found practicable to dispense with it; and she has since been removed accordingly.—At *Belle Vue House, Devon*, it was found in 1846, by the Commissioners, and again on a late visit by the Justices, that twelve Patients were restrained at night. The Proprietor in answer to our inquiries as to the cause of such excessive restraint, stated that he had no other method of confinement or seclusion, and that he did not approve of single rooms for that purpose; he has, however, agreed to follow our directions, and to build rooms for the purpose of diminishing restraint. The house has fluctuated a good deal in refer-

Hessle  
House.

Belle Vue  
House, De-  
von.

\* It is right to state that on the occasion of a recent visit to this Establishment, it was found in an improved condition.



ence to its condition.—At the *Kingsland Asylum*, Kingsland Asylum. Shrewsbury, the basement story is very indifferent, and at our last visit in December, we recommended that four cells which were offensive and incapable of being properly ventilated should be forthwith disused. We also directed, at this and other Asylums, that the quantity of bed-clothes should be immediately increased; this being a defect frequently noticed by us on our Provincial visits.—The Asylum at *London* is much in the same state Asylums at London. as formerly, and affords very indifferent accommodation to the Patients; but the Licensed House at *Halstock*, noticed as very defective in the Report of 1844, (p. 40,) is about to be partially rebuilt.—The Asylum at *Great Wigston*, which was formerly at Great Wigston. open to much objection, is in a somewhat improved state. The Justices refused to renew the licence to the former Proprietor, and the house appears now to be under rather better management.—At the and Gateshead Fell Asylum. *Gateshead Fell Asylum*, the rooms are small and the airing courts far too limited. It is desirable that the ground now appropriated to the exercise and recreation of the Patients should be considerably enlarged as soon as is practicable.—The houses here enumerated will be subjected to special attention, until the defects above specified shall be remedied. We do not recollect any other house that requires particular remark.

Upon the occasion of our visits to the various Asylums, we have found that, with some exceptions, which we have for the most part already noticed, the Patients have apparently been humanely and sometimes very judiciously treated. As we are in the General treatment of Patients, apparently humane and judicious.

habit of making frequent inquiries of the Patients themselves, and as we have always been ready to listen to complaints, and to redress them, if in our power, when well founded, we think that we may assert, from the infrequency of their occurrence, and from the result of our investigations when we have thought investigation necessary, that there is no reason to apprehend that the Lunatic Patient is now often subjected to cruelty or ill-treatment. Cases of neglect may sometimes occur, though seldom, we believe, attended with serious consequences. In two instances, one involving the suicide of a neglected Patient, and the other the death of a Patient from the maltreatment of his male attendants, we have already stated that we felt it necessary to commence criminal proceedings for the punishment of the offenders. No other case, however, manifesting a dereliction of duty in the same degree, has come to our knowledge. We trust that the prosecutions thus instituted by us in the two cases above-mentioned, will have the effect of deterring others from exhibiting similar instances of cruelty and neglect.

Exceptions:  
two cases of  
ill-treatment.

Establish-  
ment of  
Central Re-  
gister of  
attendants.

As, however, Lunatic Patients are placed very much at the mercy of their attendants, it is most desirable to secure, as far as possible, persons of humane and respectable character as attendants on the Insane, in every Asylum throughout the kingdom. In order to promote this object, we have thought it expedient to issue a circular letter, requesting the Superintendent or Proprietor of every Lunatic Establishment to forward to us the names of all male and female attendants employed by him,

and to transmit notice upon all future occasions, whenever any attendant shall be engaged or dismissed, or shall quit the Asylum, together with the cause of every dismissal; to the intent that a Central Register may be established at our Office. We do not anticipate any refusal to this proposal;\* and we are quite satisfied that such a Register would be the means of very useful reference, and would, by extending the opportunities of ascertaining and verifying every attendant's character, operate most materially to ensure good conduct on their parts, and might eventually induce persons of superior qualifications to become members of this very useful class.

The instances of mechanical restraint in the Public Asylums are very few. Even in Licensed Houses, the practice of coercion is an exception to the general rule of treatment, which disavows it, and the modes of restraint now adopted are such as to pain and irritate the Patient as little as is practicable. The massive bars, and rings, and chains of iron formerly resorted to, are no longer seen. Long continued coercion is not permitted. Coercion itself is scarcely ever allowed, except with the sanction of the Medical Officer, who is himself compelled by the Act of Parliament to record, every week, in a journal framed for the purpose, the name of every Patient under restraint and in seclusion,

Mechanical  
restraint dis-  
continued.

\* The only refusal that we have met with has been from the Superintendent of the Asylum for the County of Kent, who has, in this instance, acted in obedience to a resolution of the Visiting Justices of that County.



and the means by which such restraint is effected.\* This Journal is open to the inspection of every Commissioner or Justice visiting the House, which, if in the Provinces, ought to be visited six times a-year, and which, if in the Metropolitan District, is generally visited at least six times a-year, if it contain Paupers, or if there be any reason to suspect that undue restraint is had recourse to. Thus the safeguards against Lunatic Patients being subjected to harsh or unnecessary restraint, from the cruelty, idleness, or caprice of their attendants, have been multiplied, and the chances of abuse reduced to a small amount.

Any attempt to show precisely what diminution has taken place in the use of mechanical restraint, would be impracticable, inasmuch as the earlier reports of the Commissioners frequently, and the entries of the Visiting Justices generally, omit all mention of the subject. It will be recollected, however, that in the Asylum at Fonthill before referred to, thirteen out of fourteen Patients were in fetters or handcuffs; and that in the case of the Bethnal Green Asylum, the number of Patients in restraint had been reduced from seventy to one or two only, and that sometimes there has been no Patient whatever under restraint. And we have reason to believe that a great diminution (perhaps in a somewhat less degree) has been effected in other places.

Reference to  
amount of  
restraint  
formerly in  
use, at Fonthill;

---

\* In the Medical Journal prescribed by the Act for regulating County Asylums, the *Duration of restraint* (a great improvement on the other forms) must be specified.

On looking over the earlier entries of the Justices, copies of which were transmitted to the office of the Metropolitan Commissioners, we find that the proportion of Patients under restraint in one establishment was carefully and repeatedly noted; and as this may be taken as some indication of the average quantity of restraint then prevalent in many Licensed Houses, we have extracted the following facts from the entries made by the Justices on visiting the Asylum at Ringmer, in the County of Sussex, viz:—

and at Binsted.

On the visit made on the 28th November, 1829, this Asylum contained *nineteen* Patients, of whom *five* were under restraint by day and *seven* by night:—

On the 13th February, 1830, there were *twenty* Patients, of whom *eleven* were under restraint by day and *six* by night:—

In October, 1830, there were *eighteen* Patients, of whom *nine* were under restraint:—

And in April, 1831, there were *twenty-two* Patients, of whom *ten* were under restraint.

Thus it would appear that, even after the Act, which passed in 1828, came into operation, and the Asylum at Ringmer was regularly visited, mechanical restraint was found to prevail to the extent of fifty per cent. in that establishment. It is right to state, that in some other Provincial Asylums, the numbers under restraint were even at this period considerably less; and that the Asylum at Ringmer no longer exhibits instances of such excessive coercion. Pauper Patients are not received there; and, at the last visit (in March),

there was only one Patient under restraint, and that of a mild kind.

Number of  
persons re-  
strained, set  
forth in Ap-  
pendix (D.)

The number of Patients now subjected to coercion, wherever the same can be ascertained from the recent entries of the Commissioners or Visiting Justices, will be found in Appendix (B.) to this Report; to which we must refer for further information on the subject. Wherever the number is not specified in that Appendix, it may be assumed either that there was no Patient then under restraint, or that the number was so small and the restraint so trivial as not to be deemed worthy of especial remark.

Body cloth-  
ing.

The body clothing of the Pauper Patients has in most institutions seemed to us sufficient for warmth, and on the whole to be tolerably good; except in the cases of Lunatics addicted to destroy their clothes (a frequent mark of insanity), and of dirty Patients, in whom it is always extremely difficult, with the utmost care, to preserve any appearance of neatness.

Bed clothing.

The bed clothing has been more frequently observed to be insufficient. In order to ascertain the quantity allowed to the Patients, as well as its condition in point of cleanliness, it is our custom on visiting the various Asylums, especially in severe or damp weather, to cause the bed-clothes of many of the beds to be thrown open; and in all cases where we have found a deficiency, we have been most peremptory in our directions that additional covering should be immediately supplied. The most remarkable instance of this deficiency occurring, was



in Mr. Martin's licensed house at Gate Helmsley; where the fact of the bed-clothes for the Pauper Patients having been repeatedly found to be most scanty and insufficient during cold weather, induced us, together with other reasons, as your Lordship is aware, to recommend the revocation of his licence.

The quantity and also the quality of the food given to Pauper Lunatics in Licensed Houses, has always been the subject of our anxious inquiry. Not only for the purpose of supporting the bodily health of the Patient, but also as a means of curing his mental disease, and of placing him again in a condition to support himself and family, are matters of the greatest importance. Upon two occasions only (as is already stated) have we hitherto issued orders for the regulation of the dietary of the Paupers, under the powers given to us by the eighty-second section of the Act 8 and 9 Vict., c. 100. Few complaints on this head have reached us. We have indeed in some cases thought it expedient to suggest alterations in the diet, but these have always been attended to, and have rendered the exercise of our power unnecessary.

Diet for Pauper Lunatics.

The Diet for Pauper Lunatics, taking into account the variety of food in use amongst the poorer classes throughout the provinces, and also the chance of some articles failing, or becoming less abundant, is a subject that deserves much consideration; and, accordingly, we have applied for copies of all the several Diets now in use in Establishments receiving Pauper Lunatics, with the view of con-

sidering the same, and revising such of them as may appear to require amendment.

Dictaries in-  
applicable to  
Patients who  
are sick, or  
infirm, or  
employed;  
all of whom  
have extra  
diet.

Numbers  
who have  
extra diet at  
Camberwell  
House:

at Hoxton  
House:

at Grove  
Hall, Bow:

at Bethnal  
Green Asy-  
lum:

These Dictaries do not comprehend all the different allowances and species of food given to the Paupers, inasmuch as a considerable number of Patients (including all such as are sick or infirm, and also all such as are employed) are not restricted to the House diet, but are supplied with better or extra food.—Thus, at the visit made to Camberwell House in February last, we found that out of 293 Patients, 115 were allowed extra diet, which consisted of meat, with porter or ale every day; and that twelve Patients also had wine daily.—At the visit to Hoxton House in February last, out of 312 Pauper Patients, 138 were allowed extra diet; ninety-five of these having meat, ale, tea, and sugar, every day, and forty-three (chiefly infirm Patients) having tea and sugar daily, in addition to the ordinary House Diet.—At the visit in February last to Grove Hall, Bow, out of 289 Patients, a large proportion were allowed extra diet, eighty-eight of them having every day a lunch of bread and cheese and table ale, thirty others beef-teen, sixteen others arrow root, and ten others rice milk, all in addition to the ordinary diet. It appeared also that thirty Patients had chops or steaks every day; that seven had a daily allowance of wine; and that the Patients who worked had a supper of bread and cheese at night, after their tea. At the Bethnal Green Asylum, there is consumed by the Patients, over and above the ordinary dietary, 72 gallons of ale, and 72 gallons of porter every week. There are about 400 Pauper Patients in this Asylum, of whom 188, upon an average, have

extra diet. This consists of meat dinners every day, a luncb of bread and cheese, and also ale and porter. Those who work are allowed, in addition, tobacco and snuff, and small gratuities in money. The aged and infirm also have extra allowances and more delicate food, including lunch daily, puddings, sago, arrow root, &c., frequently; and, upon an average, 300 eggs, 85 fish dinners, and 210 ounces of wine and brandy weekly. Tea and coffee are also allowed, both to those who work and to all those who are old or infirm.—At Peckham House, there are about 174 who have extra diet. Those who are employed have meat daily for dinner, a luncb of bread and cheese and porter, and tea and bread and butter every day. The old and infirm have beef-ten and mutton-broth, sago, arrow root and other farinaceous food, tea, wine, and porter provided for them.

and at Peckham House.

In considering the Paupers' dietary, therefore, these facts should be taken into consideration. The house diet, strictly speaking, applies neither to those who are actively employed, nor to those who are in infirm health, both of whom require a nourishing diet; but only to such Pauper Patients in good bodily health as are either unwilling to work or incapable of any occupation; and for these a less quantity of food is deemed sufficient.

The amount of payment, also, made by the various Parishes should not be lost sight of. In some, it is barely enough to recompense the proprietor for his outlay; and we have reason to think that the amount of charge made at some particular house,

Amount of payment for Paupers.



determines the question but too frequently with the Parish Officers, whether the Pauper lunatic shall be sent there or to some other Asylum; without reference to the comparative comfort and good treatment which the Patient may expect at the different establishments. The sums expended in providing a comfortable house, airing grounds, good food, and regular medical aid, (without which advantages the patient has small chance of cure,) and also a sufficient staff of respectable attendants and domestic servants, must always be very considerable, and entitles the proprietor to adequate remuneration. In some cases, however, we have remarked that this is not made. At Mr. Taylor's licensed house at Acomb, near York, the regular weekly charge is eight shillings for board, lodging, attendance and medicine, and as the Patients appear to be well fed at this establishment this appears to be far from extravagant. In our instance, however, the Parish of Saint Denis, Walmgate, in York, required that this sum should be reduced to seven shillings, and on the proprietor's refusal, their pauper was removed to a cheaper place. In another case, the Parish of Saint Cathbert, in York, objected to pay this sum, and finally the mother of the Patient (herself very poor) was obliged to contribute one shilling weekly in order that her daughter (a Pauper, be it remembered, for whom the Parish ought to have made a fit provision) might have the comforts of a respectable Asylum.—At Dunnington House, near York, the payment for Paupers varied, until lately, from six shillings to eight shillings a week, a sum, as the Commissioners observe in their entry made in February last, much too low, considering

the present price of provisions. Nevertheless, two Paupers belonging to the Pocklington Union were removed a few weeks ago from this Asylum, because the proprietor declined to keep them, and to provide them with board, lodging, clothing, medicine and attendance, for six shillings a week. The Guardians of the Union refused to pay more, and the Patients were accordingly taken back to the Workhouse.—At the Wreckenton Asylum, on a late visit, the clothing of one or two of the Patients was observed to be very indifferent. The proprietor replied that these Patients were in the habit of destroying their clothes (a common propensity), and that he could not afford to clothe them better; the Unions of Bedlington and Houghton-le-Spring, in the County of Durham, refusing to pay more than seven shillings per week for their lunatic poor. This sum was to include board, lodging, attendance, medicine, and clothes. The Commissioners directed the attention of the visiting Justices to this fact, requesting them to exert their influence with the Guardians of the two last mentioned Unions, in order to induce them to make a more liberal payment.

The numbers of Insane Patients under medical treatment, in the various Licensed Houses, whenever the same could be obtained from the several Entries or Reports in our possession, will be found in Appendix (B). These numbers do not include those Patients who are merely taking the House medicine, nor of course those for whom wine or other stimulating liquor is (medically) ordered.

*Numbers under medical treatment*

*Appendix (B)*

For the modes of treatment now in use, we Medical and

medical treat-  
ment. See  
Part IV. Ap-  
pendix (L.)

must refer to Part IV., and Appendix (L.), to this Report. In order to disseminate as much knowledge as possible on the subject, we sometime since requested the Medical Officers of the principal Lunatic Asylums throughout the Kingdom, to transmit to us the particulars of their practice. Nearly all these Gentlemen have readily complied with our request, and the result will be seen by reference to Appendix (L.); which, we may venture to say, comprises a great body of valuable information on the Treatment of Insanity.

State of  
Workhouses.  
Appendix (A.)

For the condition of the Insane Poor in Workhouses, it is merely necessary to refer to Appendix (A.), which consists of a Report or Statement made by us on that subject, to the Poor Law Commissioners, pursuant to the 111th section of the Act 8 & 9 Vict. c. 100.

State of  
Patients in  
asylums.  
Mortality

As forming part of the present subject, it appears necessary to state, in general terms at least, to what extent Lunatics are now benefited by their admission into and treatment in the Asylums provided for their use. And this seems to depend—for no doubt can exist as to the benefit of medical treatment in many cases—on the removal of the Patients to such establishments as soon as possible after the commencement of their disease. The question relates mainly to Pauper Lunatics; whose early or late admission into proper Asylums determines for the most part the number of cures, and the amount of mortality, that occur in Lunatic Asylums. Upon this point, we have to repeat the statement made by the Metropolitan Commissioners, in that part of



the Report of 1844, which relates to the subject (p. 70). The number of recent curable cases admitted into Asylums is still comparatively small. The majority consists either of chronic cases, of persons in a confirmed and hopeless state of mental alienation, or of others who arrive in broken down or feeble health, reduced by poverty and neglect, or exhausted by disease. And thus the amount of cures becomes necessarily low, whilst the rate of mortality is alarmingly increased.

The mortality in Lunatic Asylums has been the subject of so much misapprehension, that we think it expedient to quote a few passages from some Reports lately published; and first from a Report made by some members of this Commission to this Board, and forwarded Sir George Grey, on the subject of the *Hagdock Lodge Asylum*, which also expresses our opinions on this point. The Commissioners who made that Report, after stating that they propose to offer a few remarks of more "general application on the mortality in Lunatic Asylums," a subject respecting which they consider that erroneous notions are entertained, proceed in the following words, viz. :—

Mortality in  
Lunatic  
Asylums.

"The public are not generally aware, how incorrect would be a comparison between the inmates of such establishments and the population of work-houses, prisons and other receptacles, in which large numbers of persons are congregated, who are for the most part in sound health, or who at least do not labour under any particular disorder that threatens to shorten life. A great proportion of

Opinion of  
Commissioners.

the Patients admitted into Lunatic Asylums must be considered as the subjects of severe and dangerous disease. Many of those who have been recently attacked by mania, fall victims to violent excitement, which wears out and exhausts their strength. A greater number sink under the various forms of bodily disease or broken health, occasioned in some instances by continued intemperance, and in others resulting from poverty, domestic misery, and long-continued privations of the comforts of life (which are themselves the prelude and foundation of Insanity). Many inmates of Asylums are likewise the subjects of still more formidable maladies; some threatening the sudden termination of life, such as Epileptic or Apoplectic seizures; others known to be uniformly fatal in their termination, such as the Paralysis of the Insane. From all these causes, the lives of Lunatics are much more precarious and of more uncertain duration than the lives of healthy persons. Their constitutional vigour is less, and they are more liable to sink under the influence of incidental disease. They also fall a prey in great numbers to any distemper which may break out, or be introduced among them. For example, Dysenteries and Fevers often spread and are fatal, and the Asiatic Cholera has destroyed great numbers in those Lunatic Asylums into which it has entered; and in all these cases, the ravages of disease have been greater than amongst equal numbers of sane persons. We might in fact compare the population of Lunatic Asylums in regard to the probable duration of life, with greater propriety, to the inmates of Infirmeries and Hospitals for the sick, than to any other receptacles,

in which persons previously in sound health are usually congregated."

"Even as respects the various Licensed Houses, a great difference exists, arising from the fact of some houses receiving only (or chiefly) Patients belonging to the richer classes. These are, for the most part, when first admitted, in better bodily health than Paupers, and are more rarely the subjects of paralysis or epilepsy."

Almost every report made by the Medical Superintendents of Public Asylums, when touching upon this question, confirms, in the main, the opinions *opinions* set forth in the preceding extract.

In the report lately made by Dr. Bucknill, relative *of Dr. Buck-*  
to the cures made, and the mortality occurring in the *ill,*  
Asylum for the County of Devon, he argues that—  
"In estimating the results of treatment in an Asylum, as indicated by the number of recoveries, many circumstances require to be taken into consideration, which figures alone very inadequately represent. In order to approximate to the truth, it is necessary to exclude from the numbers on which the results are calculated, all cases of an incurable nature, namely, all cases of Epilepsy, Paralysis, Idiocy, and marked Dementia. From the remaining classes of Mania, acute and chronic, Monomania, and Melancholia, a great number of cases may be indicated, in which, on account of the long duration of the malady, recovery is highly improbable, but not impossible." (p. 9.)



In a subsequent part of the Report, he says,—  
 "Many Patients have been admitted in a dying state. It is distressing to receive such, because there is no hope for them; because they are expensive and anxious charges whilst they continue; and because they unfairly increase the ratio of mortality. Most of them have been admitted in an advanced stage of general Paralysis or Consumption; and one was brought in a state of delirium from the final ravages of cancer.

"It will be seen by the obituary attached, that the most frequent causes of death have been general decay, general Paralysis, Consumption, and Cholera; but undoubtedly the principal cause of the mortality has been the great number of admissions, in proportion to the average numbers resident, it being invariably found that a large percentage of Lunatics die within the first year and a half after admission." (pp. 13, 14.)

of Dr. But-  
 son.

Doctor Button, in his Report on the Dorset County Asylum, refers (and with great reason we believe) the comparatively small benefit which the poorer classes receive from medical treatment in this disease, to the ignorance and misconduct of the Parish Authorities. He says,—  
 "Of the Parish Officers who have accompanied Patients to the Asylum, scarcely one has been aware of the existence of the law. They are quite unconscious of the great responsibility attached to their office; and there is, also, an unwillingness to consider individuals Insane, from an apprehension

that fresh burdens will be added to the Poor's Rate. Thus, from a short-sighted policy, recent cases are rendered inveterate and incurable, and the mortality of the Institutions to which such cases are at last sent is sadly aggravated." (p. 28.)

Again, he observes,—“In some cases, Patients have been allowed to remain in the Workhouses, or with their friends, from an idea, that the disorder was not to be alleviated by medical treatment; and the Asylum has only been thought of for them when, from their violence, noise, melancholiness, or utter helplessness, they have become an insupportable burden.

“From the duration of the disorder, previously to admission, it may be inferred that either the premonitory stage was not understood, or was altogether disregarded. Perhaps, in some cases, from the insidious and obscure development of the symptoms, the moral and intellectual changes noticed were not considered as precursors of Insanity. The accession of the malady has been erroneously dated from some sudden outbreak of violence, of incessant restlessness, or of extreme incoherence; whereas these symptoms, instead of merely announcing the commencement of some grave malady, may but too frequently be regarded as the premonitory symptoms of a fatal issue, the termination of a long-continued series of changes originating in disease of the brain.”

In the Return of the Patients received at the Leicester County Lunatic Asylum, during the year end- and of Mr. Proser.

ing 8th August, 1840, the following extracts show irresistibly the advantages of early treatment,—

“Of the fifteen Pauper Patients discharged as cured, all whose cases could be ascertained had, with one exception (a case originating in Puerperal Fever), been labouring under the disease for a short period only, in the majority of cases not exceeding two weeks; and the result of their having been, at so early a stage, placed under proper treatment, is their speedy restoration to health, and consequent lightening of the Parish burdens. In fact, of those admitted during the first six months of the year, and whose disease had existed for less than one month prior to their admission to the Asylum, *not a single one now remains incurable*. The registry shows, however, that in too many instances a totally reverse line of conduct is pursued by the Parish Authorities, and that the Patient is placed in the Asylum less with a view to his cure than to the safe confinement of his person. The duration of the attack in the cases cured, has been principally of one or two weeks only, and the disease has, in such cases, yielded to proper treatment. Not one admitted under such circumstances, prior to March in the present year (1840), now remains in the Asylum.

“The Patients who have died have been nearly all aged persons; one old man was seventy-four years of age, and was fast sinking when admitted into the Asylum. The ages of the others have generally exceeded sixty years; except in one instance, where the Patient (although a young man) had reached the last stage of disease prior to his admis-



sion, and was entered in the Registry as a case past all hope of recovery.\*

In further confirmation of our opinion, we will now refer to some of the late entries made by the Visiting Commissioners when inspecting the Metropolitan Establishments. Thus,—

1846. Oct. 13.—On visiting Grove House, Bow, it appeared (amongst other things) that since the preceding 23rd July, seven Patients had died; of these one had been in the Asylum fourteen, one six, and one between two and three months; one twenty-two, one twelve, one ten, and one only two days. The Case Book, which we referred to,\* proved that

at Grove House, Bow:

\* The following note (taken in substance from the Case Book) will show in what condition these Patients were admitted. The Medical Officer states:—That C. O., aged sixty-two years, was admitted 31st January, 1846, quite infirm, and that she died of natural decay on the 23rd July last. That S. M., aged sixty-one, was admitted in May, 1845, and that she died in July last, of ulceration of the intestines. That S. M. was admitted on the 8th of August last, aged thirty-six, in the last stage of consumption, with a large excavation of the right lung, and that she died on the 18th of the same month. That S. A., aged fifty, was admitted on the 10th of August last, very thin and in feeble condition, with bruises on the arms, hips, and back, and that she died on the 22nd of the same month, in a state of exhaustion. That M. B., aged twenty-nine, was admitted on the 6th of August last, very feeble, pale, and exhausted, from hæmoptysis, with pulmonary consumption, and that she died on the 27th of the same month. That H. S., aged fifty-two, was admitted on the 11th September, in a sinking state, with tubercular phthisis, and a cavity in each lung (*fewer deficient and restless cough*), and that she died on the 17th, only two days afterwards. And that W. C., aged sixty-two, was admitted on the 28th July last, infirm, and in a feeble state, and that he died on the 13th October instant, of general debility.

*six out of the seven Patients* who had recently died, had been admitted in an almost hopeless state.

1847. Feb. 20.—On again visiting the same Asylum, it appeared that eighty-four Patients had been admitted since the last visit, of whom *thirty-eight* were in bad or feeble bodily health at the time of admission, twelve being in a state of great exhaustion, and six being affected with paralysis.

at Camberwell House:

1847. Feb. 4.—On visiting Camberwell House, it appeared that since the last visit made (on 30th October last) there had been 127 admissions, of whom the large number of *ninety-nine* were in feeble or delicate bodily condition at the time of admission, and twenty-one were absolutely in a precarious state.

at Peckham House:

1846. Oct. 31.—On visiting Peckham House, it appeared that of the thirty-nine Patients recently admitted, *ten* had been admitted in bad bodily health.

1847. Jan. 9.—On visiting the same Asylum, of the thirty-four Patients recently admitted, *thirteen* were admitted in bad or feeble health.

at Bethnal Green, (Red House):

1846. Oct. 27.—On visiting the Red House (Bethnal Green), it appears that *eight* Patients had died since the last visit, of whom *seven* were admitted in bad health, two having died within nine days after admission.

1847. Jan. 27.—On visiting the same Asylum, it appeared that there had been *eight* Patients recently admitted, of whom *five* were admitted in bad health.

1846. Oct. 30.—On visiting the White House, Bethnal Green, it appeared that, since the last visit, *fifteen* Patients had died, of whom *eight* were admitted in bad or feeble health. (White House.)

1847. Jan. 7.—On visiting the same Asylum, it appeared that nine Patients had recently died, of whom three were upwards of seventy years of age, and the rest were very old and feeble cases.

1846. Oct. 30.—On visiting Hoxton House, it appeared that of the fifty-three Patients recently admitted, *at least twenty-one* were admitted in low and feeble health; and of the eighteen Patients who had died since the last visit (on the 2nd July), six were admitted since the 23rd of April last. Of the Patients in bed, two when admitted were paralyzed and had bedsores, and another had a very bad leg. There were, at this time, in the Infirmary of this Asylum, a considerable number of paralytic cases in the last stage of disease. (Hoxton House.)

1847. Feb. 16.—On visiting the same Asylum, it appeared that since the last visit in October, fifty-six Patients had been admitted, of whom *thirty* were admitted in bad or feeble bodily health; and also, that there had been forty deaths, of which sixteen occurred from paralysis, eight from epi-



lepsy, seven from phthisis, two from old age, and two others were brought in a dying state, having typhoid fever. \*

Mortality  
and cures  
dependent on  
Various  
causes.

Thus it would seem that the amount of mortality from time to time occurring in Lunatic Asylums, depends most materially on the condition of the Patients at the times of their admittance (many of them being received in a dying or hopeless state); and that the number of cures depends, not as might be supposed, entirely or even principally, upon the skill of the Medical Attendant, or the comforts afforded to the Patient whilst under treatment, but on the conduct of the various Officers of Unions and Parishes, whose duty it is to provide promptly and efficiently for the welfare of the Lunatics; but whose want of prudence and humanity has, without doubt, tended in numberless cases to render the disease permanent; and has thereby increased the burthens of their Parishes more than all the accidental causes to which Insanity is referable.

---

\* Since the above extracts were made, a visit has been made to Fisherton House, near Salisbury; and in the Report, made thereon by the Visiting Commissioners, it appears that since the preceding visit fourteen Patients had died, of whom one was aged 68 years, two 72 years, and two 79 years; one of the Patients aged 72 dying in 16 days after admission, one aged 79 dying in three days after admission, and a third (aged 48) dying in ten days after admission.—Upon the occasion of visiting the Bedford County Asylum, also, in February last, it appeared that since the last preceding visit of the Commissioners forty-eight Patients had been admitted, of whom thirty-five were admitted in bad health.

In order that the Patient should have kind and efficient treatment during his residence in an Asylum, it is necessary not only that the Proprietor of the establishment should be of good character and humane disposition, but also that he should possess sufficient pecuniary resources; that the premises should be well situate, comfortable, and spacious; that the Medical Attendant should be competent; and that the Servants of the establishment should be humane and intelligent. And to secure this, and also the liberation of the Patient when fit for discharge, the Legislature has given to this Commission and to the Justices of Counties, the power of granting, withholding, and revoking Licences, and has at the same time directed certain visitations to be made, at no very distant intervals, in order that no abuses or acts of negligence may occur from want of supervision, and in order also that each Patient may have opportunities of preferring any complaint, and that his progress to recovery may be duly noted.

Means necessary for securing to the Patient good treatment;

and liberation when fit for discharge.

These provisions are least needful in respect to County Asylums, where there is no inducement to detain a Lunatic beyond the time requisite for his cure, where Committees regularly inspect the premises, and where matters connected with the Asylums are frequent matters of discussion in open Session. But in regard to other establishments, and more particularly to Licensed Houses, the necessity of frequent and careful visitations is obvious.

It seems necessary, therefore, in concluding

Visits of Justice.

these observations, to state to what extent these visits have been made or neglected, and the more especially so, as in the Report of 1844, it is stated that the visits of the Justices to certain establishments were irregular or neglected. We feel bound to state upon the present occasion, that the statutory visits of the Justices are now in most instances, made with greater regularity: that in a few cases, more visits even than the statute strictly enjoins are made by them; that their attention appears in general to be directed to the important points referred to them by the Act of Parliament; and that, as far as the Entries enable us to form an opinion, increased care and discretion are evinced in their visitations.

In the Report of 1844, (p. 68,) it is noted that the Licensed House at Oulton, near Stone, had not been visited by any Justice for the space of two years and a half; that the Asylum at Great Wigston had been visited only once in the preceding twelve months, and that the Asylum of Shillingthorpe was inspected once only instead of three times a year. In respect to the Licensed Houses at Oulton, and Great Wigston, the visitations of the Justices to these establishments have been rather more frequent since the passing of the existing Act, although the full number of visits is even now not made; the House at Oulton having been visited at this time, (April, 1847,) four times, and the *Great Wigston Asylum* only three times since the passing of the Act, on the 4th of August, 1845. The system of visitation to the house at Shillingthorpe will be hereafter specially noticed.



Judging from the Returns of entries made by the Justices in the Visitors' Book (copies of which are generally, and ought always to be transmitted to us), the visits of the Magistrates to the various Licensed Houses, differ very much in point of frequency. It appears by these Returns (our only means of calculating), that in one year and nine months, during which time seven visitations should have been made, the following visits only took place, viz:—

*Comparative frequency of these visits.*

1. To Heigham Retreat and Stoke Ferry, both in Norfolk; Castleton House, near Cheltenham; Bensham Asylum, near Gateshead; Driffield House, and Mr. Brown's Asylum, both in Warwickshire, each two visits only.
2. To Heigham Hall, Norfolk; Green-Hill House, Derby; Northwoods, near Bristol; Gateshead Fell Asylum; Ford House, Devon; Meot House, Tamworth; and the Asylum at Hook Norton, Oxfordshire, each three visits only.
3. To nine other Asylums, only four visits each.

Whilst, on the other hand, there have been fifteen visitations to the Asylum at Briton Ferry; twelve to Haydock Lodge; and to Fairwater House, Hesse House, Aspull Hall, Grove House, Nursling, and the Asylums at Halstock (Dorset), Whitechurch (Hereford), and Churchingford, Devon, eight visits each;—and to many other Asylums seven visits respectively.

We have thought it right to draw your Lordship's attention to these facts, because it is possible that the Visiting Magistrates have, in some instances, considered that the general respectability of the Proprietor of a Licensed House, in a manner supersedes the necessity of frequent visitations. But many cases of abuse on the part of attendants and servants have been known to exist, which the Proprietor of an Asylum has not been privy to, or has been unwilling to believe; and it is of the highest importance that frequent opportunities should be allowed to Lunatic Patients in every Asylum to make known their causes for complaint; their wishes for some alteration in their treatment; the improvement in their mental condition, and other matters involving their happiness or personal comfort.

Importance  
of regular  
Visitations.

It is important also that the Proprietor of every house receiving Lunatics, should feel that he is subject to be visited at least as frequently as the statute prescribes, and that there is no probability of his being exempted therefrom, by reason of the time and attention of the Justices being transferred to other subjects. We are fully aware that the office of Visitor to a Lunatic Asylum, is often an onerous and disagreeable task, and that the Magistrates, who from motives of benevolence perform such a duty, deserve the thanks of the public. In some of the cases above adverted to, the neglect of visitation appears to be so very remarkable, that we are satisfied that there must have been omissions on the parts of the Proprietors of Licensed Houses,

and that (although repeatedly cautioned on the subject) they have failed to transmit to us those copies of the Justices' entries which the statute requires.

In respect to our own visitations, these have been regularly made to the various Metropolitan and Provincial Establishments; the attention of the Visiting Commissioners being more particularly directed, however, to the Licensed Houses, except in cases (like that of the Lincoln Hospital,) where the management or condition of the Establishment has been brought under the especial notice of our Board.

Commissioners' Visitations.

The necessity of visiting numerous Workhouses, containing persons of unsound mind, has added exceedingly to the labours of the Visiting Commissioners; and the fact of the Workhouses themselves being frequently remote from the great public lines of thoroughfare, has increased the difficulty of access, has occupied a large portion of the Commissioners' time, and has added most materially to the extent and consequent expense of travelling. In effect, the whole time of the Legal and Medical Commissioners has been absorbed by the business of the Commission; by visitations; by reports; by examinations of plans, estimates and accounts; by forwarding the official correspondence; by long and frequent interviews with Magistrates, Architects, and private individuals; and by attending the Boards held for the despatch of business. Questions of considerable nicety have frequently

Occupation of Legal and Medical Commissioners.



occurred,—some relating to the existing law, as it affects Lunatics; others as it relates to County Asylums; others having reference to the state of mind of individual Patients, the legality of their confinement, their fitness for liberation, their treatment whilst in confinement, and the due application of their property, together with various other points not requiring especial mention; and these have involved the necessity of some of the Legal and Medical Commissioners being constantly present at our weekly and other meetings.

*Official  
business of  
the Com-  
missioners.*

The amount of ordinary business transacted at this office has far exceeded our anticipations, and has rendered necessary the constant employment of several additional clerks. Besides which, the time and attention of the Board and of individual Commissioners have been much taken up by various inquiries of a special nature, which have considerably impeded the general business of the Commission. In the case of the Haydock inquiries, alone, the time of four Commissioners was occupied (at two different periods) for eighteen days; ten days at least, in addition, were devoted to the Reports consequent upon the inquiries; and eight meetings of the Board (each occupying upon an average about six hours) were held, and entirely devoted to the purpose of receiving and considering evidence relating to this particular subject. Several other cases have also occurred which necessarily occupied considerable time, and required much deliberation.

Without taking into consideration various meetings of Commissioners (not being regular Boards), or the daily attendance at the office of the Legal and Medical Commissioners, when not engaged on Circuit, there have been held in the course of the first eighteen months of this Commission, one hundred and seven regular Board meetings (our Chairman almost invariably presiding): in addition to which, the Legal and Medical Commissioners have each, upon an average, visited 400 Asylums and other places receiving Lunatics; have seen 17,749 Patients; and have travelled 10,776 miles.

Number of  
Boards, and  
visitations;  
and extent of  
travelling.





## PART III.

### SPECIAL INVESTIGATIONS.

WE now propose to select a few of the more prominent cases that have required our interference, in order that your Lordship's attention may be particularly directed thereto. We have thought it desirable to distinguish these cases from numerous others that have been investigated by us; partly from their importance, and partly because some of the facts disclosed in some of these cases seem to suggest the necessity of further legislation hereafter.

1.—In the first instance, we shall bring under your observation the case of the *Gate Helmsley Retreat*.

*Gate Helmsley Retreat.*

We have already adverted to the fact of our having recommended that the Licence granted to Mr. James Martin to receive Insane persons into *Gate Helmsley Retreat*, near York, should be revoked; and it now remains for us to state the circumstances upon which our recommendation was founded.

*Reasons for recommending revocation of Licence.*

It should be observed that Mr. James Martin was the sole Proprietor of this Asylum, and that, from illness, he had latterly interfered very little with the Patients, and had left the establishment altogether to the management of Mrs. Martin, his wife.

Complaints  
as to diet,  
bedding, &c.

Special inves-  
tigation  
directed.

The first Reports made by the Commissioners and Justices, respecting this Asylum, were by no means condemnatory. Complaints, however, having reached us from various quarters, as to the diet, bedding, and general treatment of the Pauper Patients, and there being some reason to think that the former Visitors (Commissioners and Justices) might have been deceived by the representations made to them, we thought it right, in January, 1846, to direct a special investigation to be made, in order to determine, as accurately as might be, the real character of the Asylum, and of the parties having the management of it.

Previously to this time, we had received a Report (from two of our colleagues), stating that the bedding in several of the sleeping-rooms was scanty; the clothing of several male Patients very indifferent; and the attendance exceedingly deficient; and also that the attics were too much crowded, notwithstanding that the house itself was spacious:—and the Commissioners who made this Report, suggested that an extra visit should be made to the Asylum.

Commission-  
ers' visit on  
the 18th  
January,  
1846.  
Defects re-  
ported.

In pursuance of our directions, a special visitation was made to Gate Helmsley Retreat, on the 18th January, 1846, upon which occasion the Visiting Commissioners reported that they found a great deficiency of attendants, (thirty-eight female Patients, being distributed through three wards,—one of the wards being at some distance from the others,—under the care of only one nurse); a great deficiency of seats or forms,—a considerable portion of the

Patients being compelled either to stand, or sit on the floors or tables; and a great deficiency of bed-clothes, which they considered quite insufficient for the Patients at that cold season of the year. They learned also, that two male Patients slept in one bed, and three female servants in another, although there were many beds unoccupied. In conclusion, the Commissioners stated that they considered that there were great and obvious defects in the establishment, as regarded the Pauper Patients, whose comforts appeared to be very much neglected.

This Report appeared so unfavourable, that we thought it necessary to draw the attention of the Visiting Justices (whose visits are by law more frequent than our own, and who have readier means of inspection) to the statements contained in the Report, a copy of which was transmitted to the Chairman of the Quarter Sessions of the North Riding of Yorkshire, and by him forwarded to the Visiting Justices.

Copy of Report transmitted to Justices.

In consequence of our communication, the Visiting Justices inspected the Asylum on the 3rd of March following, and reported that the defects noticed by the Visiting Commissioners "seemed to have been remedied." They adverted also to the diet, in general terms, not specifying the quantity given at any particular meal, except that they stated that the patients had eight ounces of bread at breakfast, and the same quantity at supper. This statement was quite erroneous, and was, without doubt, the account given to the Justices by Mrs. Martin.

Visit by Justices, 3rd March.



A want of sufficient food, warmth, bedding, and clothing, so far as respected the Pauper Patients in this Asylum, was fully established on subsequent visits of the Commissioners.

Commissioners' visit, 21st July, 1846.  
Defects reported.

The next visit made to this establishment was on the 21st July, 1846, when the Visiting Commissioners reported, amongst other things, that two male Patients slept alone in one room: that three or four single rooms were very offensive; that the attics were ill-ventilated; that one of the yards was unfit for exercise; that there was a dearth of amusements and employments; and that they (the Commissioners) were induced to think that rugs which were not used were thrown on the Pauper beds, to conceal the defect of bed-clothing.

They further report that they saw the dinner (meat and potato pies) distributed, and were of opinion that less than one ounce of meat was allotted\* to each Pauper Patient.

In consequence of what they observed at this visit, and of some representations made to them on the following day, by a person of respectability in the neighbourhood, the Commissioners thought it their duty to make a second visitation to the Asylum at Gate Helmsley, on the 23rd July.

---

\* The same Commissioners visited another Asylum containing Paupers, in the neighbourhood, (Mr. Taylor's of Accrington), a few days afterwards, and saw the same dinner (meat and potato pies) distributed; and they express themselves satisfied that at least six times as much meat was given to each Patient as was allotted to the Paupers at Gate Helmsley.

On this occasion, besides making inquiries of a Patient then about to be liberated (and who, in fact, was liberated a few days afterwards), they examined, upon oath, the cook, the principal nurse, and the principal male attendant of the establishment. They had previously asked Mrs. Martin as to the dietary, who spoke of it generally as being very liberal, and specifically stated that each male and female Pauper had eight ounces of bread for breakfast and the same quantity for supper. The statements made by the cook, the nurse, and the male attendant, however, (which were extracted from them with difficulty,) proved that the male Paupers had about six ounces, and that the females had four ounces and a quarter of bread only (instead of eight ounces), with some skimmed milk (occasionally mixed with water) for breakfast and supper.

Examination  
on oath of the  
cook and  
principal at-  
tendants as to  
the food.

It appeared also, from the evidence, that on two days of the week the patients had meat for dinner, on two other days, meat and potatoe pies, and on two other days, soup with suet dumpling. On the days when meat was given for dinner, five pounds only of beef (with suet dumpling and vegetables) were divided amongst the fifty-one Paupers then in the Asylum, being about one ounce and a half of meat for each Patient. On the days when meat and potatoe pies were given, between four and five pounds of meat were put into the pies, which were to suffice for ninety-one patients; namely, forty private Patients, and the fifty-one Paupers: the pies of the private Patients were, however, made the best. Presuming, therefore, that of the seventy-two ounces of meat (four pounds and a half) put into the potatoe pies, forty-two ounces were appropriated to

Dietary.

the forty private Patients, (which we think a reasonable presumption,) thirty-two ounces only would remain to be divided amongst fifty-one Paupers, being little more than half-an-ounce for each.

Dietary ordered under the 82nd section of 8 & 9 Vict. c. 100.

A Report to this effect having been made to our Board, by the Visiting Commissioners, we resolved immediately to exercise the power given to us by the 82nd section of the Act 8 & 9 Vict. c. 100, and accordingly issued an order for the regulation of the Pauper dietary at Gate Helmsley Asylum. The effect of the regulation was in almost all respects to increase the quantity and quality of the food.

Visit by Justices, 5th December 1846.  
Defects noticed.

The next visit requiring notice, was made by the Justices on the 5th December, 1846, upon which occasion they remarked that requisite attention was not paid to warmth; that the passages were extremely cold; that the day-rooms had very insufficient fires; and that the bed-covering of all the Pauper Patients was quite insufficient for the winter season.

Visits by Commissioners, 30th January and 1st February, 1847.  
Defects noticed.

This visit was succeeded by two visits made by the Commissioners on the 30th January and 1st February, 1847, when they reported (amongst other things), that the bedding of the Pauper Patients was insufficient, and in some cases so scanty as to be totally unfit for the season; that in several cribs one rug and a sheet constituted the whole upper covering; and that in other beds there were only a pair of sheets, a ragged blanket, and a rug; that the clothing was in some cases ragged and dirty; that there



were females apparently suffering from want of covering; and that there were several of the males without stockings. They further report that the Medical Officer of the Asylum stated, on oath, that the dietary ordered by us had been departed from, tea having been substituted for milk, and water mixed with the milk when the quantity was insufficient; that he had frequently remonstrated on the insufficiency of the milk, without effect; that there was deficiency of stockings, and that he thought the epileptic and idiotic patients (whom it was difficult to keep warm) would have been better with stockings;\* that in many cases he thought that there had not been sufficient bedding for the Paupers; that four days only before the deaths of two epileptic Patients, he had procured bed-clothing for them, but that until that time they had not had sufficient bedding; and that, although when Patients became sick, he could obtain sufficient clothing, yet the previous want of clothing might have aggravated their illness.

Dietary departed from.

General mismanagement.

Considering all these facts; considering also that the evils had been of considerable duration, and that there had been repeated remonstrances on the subject, all which had proved fruitless; that the Proprietor of the Asylum had violated his trust, and had sacrificed the health and comforts of the Insane poor for the mere objects of gain,—we thought that he was altogether an unfit person to have the care of Lunatics, and accordingly

Recommend-

\* In cases of Epilepsy, it is very important that the extremities of the patient should be kept warm.

dation to re-  
voke Licence.

recommended that the Licence granted to him should be revoked; and it was revoked accordingly.

In cases of  
mismanage-  
ment, Pauper  
Patients the  
chief suf-  
ferers.

At the time of recommending the revocation of this Licence, we observed, as your Lordship is aware, that in most cases where evils exist in Lunatic Asylums, the Pauper Patients are chiefly the sufferers; that they are frequently friendless, and, therefore, that they claim more especially the protection of this Commission; and we expressed an opinion that if a signal punishment were inflicted (as we suggested) on the party offending in the present case, it would operate as a salutary warning to other Proprietors of Lunatic Asylums, and might operate to secure comforts and good treatment thereafter for the Insane Poor throughout the Kingdom.

Case of Lieut-  
enant F., a  
Patient at  
Haslar, taken  
to Winchester  
Gaol  
under arrest  
for debt, al-  
though blind  
and insane.

2.—The case of *Lieutenant F.* was brought under our notice, on the 6th January last, by the Chairman of the Justices visiting county Prisons in the South of England, who informed us that a lieutenant in the navy, who had been for many years confined in Haslar Hospital, had been brought to Winchester Gaol, under an arrest for debt, and that he was both insane and blind.

Letter from  
Dr. Ander-  
son.

In consequence of this communication, we on the same day addressed a letter to Dr. Anderson, (deputy inspector of Haslar Hospital, and superintendent of the Lunatics confined therein,) inquiring into the circumstances of the case. In his reply, (7th January,) he confirmed the fact of Lieutenant F.'s imprisonment, stating at the

same time that he had been removed, on the 22nd December last, by a Sheriff's officer, for a debt said to have been contracted by his wife. He stated also, that Lieutenant F. had been a Lunatic patient at Huslar, ever since the 3rd April, 1826, (upwards of twenty years,) and that he had been from that time of unsound mind, labouring under various delusions, and subject to frequent maniacal paroxysms, which required that he should always be carefully watched. He added that Lieutenant F. was also blind, and was altogether a very unfit subject for incarceration in a goal.

Under these circumstances, we thought it necessary that Dr. Anderson, and also the person at whose suit Lieutenant F. had been imprisoned, should be directed to attend our board.

On investigating the matter, it appeared (by Dr. Anderson's testimony), that Lieutenant F. was fifty-two years of age, and entitled to five or six shillings per day for half-pay, out of which one shilling and sixpence per day had been deducted for his maintenance at the Hospital, and the residue (until the then quarter of a year) paid over to his wife. That, about two years preceding, an attempt had been made to arrest Lieutenant F. for £20, owing by his wife, for the repairs of a carriage, but that Dr. Anderson at that time refused to allow process to be served on him. The Lords of the Admiralty, however, gave orders that the civil process should not be interrupted; and a writ was therefore served on the Lieutenant, but no further proceedings were taken. Upon the present occasion, the same

Examination  
of Dr. Anderson.



attempt was made to serve the process, the same refusal given, and the same order issued by the Lords of the Admiralty, who (having consulted their solicitor) again directed that no impediment should be offered to the legal proceedings; thus permitting the service of civil process, and finally the seizure of the Lieutenant's person under a writ of execution.

*Examination  
of Mr. John  
Neave, the  
Plaintiff.*

The person who proceeded against Lieutenant F. on this occasion, was a Mr. John Neave, a Dissenting Minister and Schoolmaster, at Southsea, near Portsmouth. Upon his examination before us, it appeared that the wife of Lieutenant F. had placed two of their sons at Mr. Neave's School, some years before:—that Mr. Neave made the agreement solely with her (as with a widow); received part of the money from her, and knew nothing of her husband being alive, until some time afterwards, when he learned that he was insane. Mr. Neave stated that he proceeded against Lieutenant F., knowing that he was not morally responsible, but that his attorney had advised it; that he knew that Lieutenant F. would be imprisoned, but thought the imprisonment would last only till the arrival of the Commissioners of the Insolvent Debtors' Court, which would be on the 10th of April:—and that he (Mr. Neave) made no inquiry about Lieutenant F. after his arrest, nor made any provision for him.

*Dr. Anderson  
can't visit to  
Lieutenant F.  
when in  
prison.*

It appeared, further, that Dr. Anderson, nineteen days after the arrest of Lieutenant F., had received an order from the Lords of the Admiralty to visit the Lieutenant in Winchester Gaol,

and ascertain his condition, and that he thereupon immediately proceeded thither and made arrangements for his comfort. Until Dr. Anderson's arrival, Lieutenant F. who had been accustomed at Haslar to take regular out-door exercise, and have a generous diet, had had water only to drink at dinner, and had taken no exercise. In other respects he had been pretty well taken care of, owing to the kindness of the Governor.

During the twenty years that Lieutenant F. had resided at Haslar, we were informed that his wife had been only once to see him, and that his two sons (now about attaining their majority) had never seen him, although one of them had once called at the Hospital to make some inquiries respecting him. Mrs. F. it appeared, had some property settled upon her for her separate use, and had also received the surplus of the Lieutenant's half-pay, as already stated.

Having some doubts as to the liability of Lieutenant F. for the debt upon which he had been imprisoned, we gave directions to our Solicitor to take the opinion of Counsel on the subject. This was accordingly done, and we were advised that Lieutenant F. was not liable for any part of the demand.

Lieutenant F.  
not liable for  
the debt.

This being the case, we determined to apply to the Court of Queen's Bench, to set aside the judgment, and were taking steps for that purpose, when we learned that Mr. Neave (the Plaintiff) had directed the discharge of Lieutenant F. who was

Discharged  
by Plaintiff.

thereupon taken back to Haslar Hospital, where he still remains.

Summary of  
the case of  
Lieutenant F.

The case of Lieutenant F. appeared to us to be replete with hardship. In the first place, he had been Insane and confined as a Lunatic in Haslar Hospital for upwards of twenty years; he was quite blind; he was utterly ignorant of the debt, which was contracted by his wife, who had not only a separate provision herself, but also nearly the whole of the Lieutenant's half-pay paid over for her support. And, secondly, legal process was permitted to be served upon him, at a time when he was quite unconscious of the fact, when, although he had a good defence to the action, he was totally incapable of defending himself, and had no person appointed to defend him. Thus a blind and Insane person was eventually cast into a goal in winter, for a debt for which he never was liable. He was taken to prison on the 22nd Dec. 1846, and would have remained there till the 10th April, 1847 (a space of time amounting to nearly four months, and comprehending the severest portion of the year), had we not remonstrated very strongly with the person at whose suit he had been imprisoned, and thereby induced him to consent to his liberation.

Reference to  
3 & 4 Vict.  
c. 54.

The Act 3 & 4 Vict. c. 54, authorizes (as your Lordship is aware) the removal of any Insane person, imprisoned under sentence of death, or on charge of any offence, or "*under any other than civil process,*" to a Lunatic Asylum. The Act



1 & 2 Vict. c. 110, brings the cases of Lunatic Debtors within the jurisdiction of the Insolvent Court, but does not afford any summary mode of transferring them personally from a prison to an Asylum. And the Act 8 & 9 Vict. c. 100, is not sufficiently extensive, in the terms of its interpretation clause (s. 114), to embrace the Naval or Military Hospitals, thereby depriving us of all knowledge as to the admission of persons into those Establishments or their discharge therefrom, and disabling us from all interference on behalf of the Patients from time to time confined therein.—It appears, therefore, that Lunatic Debtors—especially those confined in the Hospitals last-mentioned,—are deprived of the benefits which the Law extends even to criminals.

1 & 2 Vict.  
c. 110;

and 8 & 9  
Vict. c. 100,  
s. 114.

On the release of Lieutenant F. from Winchester Gaol, we thought it right to bring the particulars of his case before Her Majesty's principal Secretary of State for the Home Department, and we therefore made a full Report on the subject, and at the same time suggested that some legislative enactment was necessary, for the protection of the persons of Lunatics against the effects of civil process.

Report to  
Secretary of  
State.

In reference to this case, we must observe, that attempts to proceed against Lunatic Patients are by no means infrequent, and that we have upon all such occasions felt it our duty to interpose as far as we were able for the protection of the Insane. It appears to us that the person of a Lunatic should in every case be privileged from

Suggestion  
as to protec-  
tion of Lunatic  
patients  
and estates.

arrest and execution, and that some means should be taken (either by appointment of a Guardian or Trustee or otherwise), to insure him sufficient means of defence to any suit or action that may be brought against him. Without some safeguard of this sort, any Lunatic Patient, however urgently he may require medical treatment, may be seized within the limits of an Asylum and thrown, like Lieutenant P. into prison, to make good a debt for which he was never liable: and even in cases where the person of the Lunatic may not be taken, his property is liable to be distributed, for a debt to which he may have a valid legal defence.

Lincoln  
Hospital.

3.—The Asylum or Hospital for Lunatics at *Lincoln*, differs so much, in point of management, from all other Institutions for the Insane in this country, that we think it right to draw your attention to it. In order to render more details on the subject than we can afford space for in this place, we have set forth in Appendix (H.) copies of the following documents;—1st, The Report of the Commissioners who visited the establishment in September, 1840; 2ndly, The Statement, in answer thereto, of the Governors of the Hospital; and 3rdly, The Visiting Commissioners' Reply. The insertion of these copies in the Appendix has been suggested partly by our desire of bringing the matter completely before you, and partly by the fact of the Governors having printed a portion of the correspondence, with the omission in their pamphlet, published in 1847, of the Reply, which was sent to their Chairman, and by him transmitted to the body of Governors on the 28th December, 1840.

Reference to  
Reports &c.  
Set forth in  
Appendix (H.)

The condition of the Lincoln Hospital was first made the subject of a minute Report, by two of the Metropolitan Commissioners who visited it, a few years ago, and some of the facts noted by them, as exhibiting proofs of a peculiar mode of management, are adverted to in p. 120-1, of the Report of 1844.

*Previous Report.*

Shortly after the passing of the present Act (in August, 1845), the Hospital was visited by two Members of this Commission.

In the course of the year 1846, we received communications from several persons, some of whom urgently requested us to investigate the system of management prevailing at the Institution, the particulars of which they detailed, stating, at the same time, that it was entirely at variance with the practice of all experienced medical men, and that it had an injurious effect on the Patients.

*Communications received as to this Hospital.*

We therefore directed the Commissioners whose duty it was to visit Lincoln on the next occasion, to pay especial attention to the points thus brought before our notice, and to report to us thereon. The result of their investigation, together with the points which they considered objectionable in the present system of management, will be seen by their Report of the 23rd and 24th September, 1846; which, with the answer of the Governors, and the Commissioners' reply, will be found in Appendix (H.) By this you will perceive that the main objections taken by the Visiting Commissioners are, 1st, That there is no classification,

*Directions to Visiting Commissioners to make inquiries.*

*Appendix (H)  
Objections taken by*



CHARTER-  
HOSPITAL.

nor any proper separation of the sexes; and that, by reason thereof, much confusion exists, and certain indecencies have occurred, the recurrence of which ought effectually to be prevented:—2ndly, That the affliction of the Patients is made public, and their tranquillity interrupted by an almost indiscriminate admission of strangers, 311 being admitted in one month, most of them evidently visiting the Hospital from mere curiosity:—3rdly, That the resident House Surgeon, who must necessarily have more opportunities of observing the Patients than even the Visiting Physicians, has no share whatever in their medical or moral treatment; but that his time is chiefly occupied in keeping the registers, superintending the keepers and nurses, and attending strangers,—who come frequently, and in great numbers, as we have stated,—through the wards of the Hospital:—and, 4thly, The practice of turning over all the Patients every month to a new Physician, (the Physicians, be it observed, differing most materially in their modes of treatment); by reason of which no Patient can ever have the benefit of any uniform system of medical or moral treatment, for a period sufficiently long to test its efficacy.\*—It appears to us that the objections thus

These objec-

\* We addressed a letter to the Medical Officers of the Lincolns Hospital, as well as to the Medical Officers of other Lunatic Establishments, containing various questions as to the medical treatment pursued by them. They have, however, returned no reply to our inquiries, and the fact of their declining to do so is explained by the House Surgeon, in the following letter: viz.—

"I beg to state that I feel myself incapable of complying with the wishes of the Commissioners, not having the medical charge

made by the Visiting Commissioners are valid, and that they remain in substance unanswered.

Visits held  
valid.

It should be observed that Hospitals of this description have not the benefit of any visitations by the Magistrates of the county in which they are situate, nor are the general rules for their management submitted for approval to the Secretary of State; in both of which respects they differ from County Asylums. They differ also more materially from private establishments, which require an annual license, and are subject to four regular visits every year from the County Justices. The visits to the Hospital of Lincoln are made by, and the general rules for its management framed altogether at the discretion of any persons who from time to

Exemptions  
of Hospitals.

of the Patients in the Lincoln Lunatic Asylum,—that charge being undertaken by the three Visiting Physicians, who visit the establishment in monthly periods, and rotation.

"Not feeling myself responsible for the filling up the enclosed forms, (which I received) in compliance with the request of the Commissioners, I placed the matter before the weekly Board, who also found that the above-mentioned forms could not be filled up by the Medical Officers of the establishment, the three Visiting Physicians differing entirely in their treatment of the forms."

It will be seen by reference to pp. 120, 1, of the Report of 1844, and to the Report published by the Governors of the Lincoln Hospital, that the leading principles on which the medical treatment of Patients in that Hospital is founded, are not left to the discretion of the Medical Officers, but are laid down peremptorily by a Board of Governors, not necessarily containing any medical men; and that such Board has thought fit to prohibit the use, in the Lincoln Asylum, of various medicines and other means which the experience of Medical Officers in nearly all the Lunatic Asylums in England has proved to be most efficacious for the cure or relief of Insanity.

time choose to become Governors for life of the establishment, by payment of the sum of £21.

There seems to be no sufficient reason why the Lunatic Patients resident in Hospitals should not come under the review of the local authorities, and be subject to frequent visitations by them, equally with County Asylums and Licensed Houses.

*Infrequency  
of visitations  
by Justices to  
the Asylum  
at Shilling-  
thorpe.*

4.—The infrequency of the visitations made by the Justices of Lincolnshire to the Asylum at *Shillingthorpe*, is adverted to in p. 68 of the Report of 1844. We regret to say that, notwithstanding the precise terms of the present Act, and notwithstanding our endeavours to promote a more regular inspection of the premises, this Asylum still continues to be visited only once in the year. The last visits were on the 30th October, 1845, and the 20th October, 1846. As we had reason to suppose that the Justices appointed to visit this Asylum intended systematically to make annual visits only, we, on the 1st of October, 1846, addressed a letter to the Chairman of the Quarter Sessions, stating the fact of the infrequency of the visitations, and expressing a hope that the Bench of Justices, would, at the next Sessions, adopt some mode of ensuring four Annual Visitations to Shillingthorpe, pursuant to the 62nd section of the present Act. On the 20th of the same month, the Visiting Justices made their Annual Visit to the Asylum, and upon that occasion their entry in the Visitors' Book contains an expression of their opinion, which is to this effect, viz., that their visits had created a good deal of



irritation in some of the Patients, in whom, for years, they had found little variation; that everything in the Asylum was quite regular, and that therefore they had abstained from making their visits so frequently as directed by the Act, feeling it to be unnecessary and injudicious.

This entry having been read at our Board, a letter was addressed by us to the Chairman of the Visitors, stating that the benefit of frequent visitations had, throughout the country, been uniform and striking, and had been most efficacious in preventing abuses. We, at the same time, pointed out the fact, that the 62nd section of the Act was *imperative*, as to the number of visitations, and suggested that it would be easy to exercise a discretion, in refraining from conversing with any particular Patient who might be likely to suffer from the presence of strangers. A reply was received from the Chairman of the Visitors, amounting in effect to a repetition of the opinion expressed in the entry of the 29th October; and stating (amongst other things) that he had "only noticed one or two cases where the Patients expected the Justices' visit, or had any complaint or observation on their treatment or confinement to make," and that these Patients were no longer in the Asylum.

Letter to  
Chairman of  
Visitors rela-  
tive to 62nd  
section of  
8 & 2 Vict.  
c. 100.

His reply.

Your Lordship is quite aware that the visitations made to Licensed Houses have proved most useful and effective; that Patients confined in establishments of this nature have no certain opportunities of complaint, in case of their suffering ill-treatment or neglect from proprietors or attendants, except

Observa-  
tions

to the Commissioners in Lunacy, and to the Visiting Justices; and that the Act 8 & 9 Vict. c. 101, s. 62, expressly directs the Justices appointed at Sessions as Visitors of Licensed Houses to visit such houses "four times at the least in every year." Nevertheless, in this case, the Justices, as you will observe, absolutely decline to visit *Shillingthorpe Asylum*, oftener than once in the year. We think ourselves bound to bring this subject under your especial consideration, and to request the aid of your authority, in order that this most salutary and important part of the existing Act of Parliament may be carried into effect.

*Kingsdown House, Box.*

5.—The Report of 1844, (pp. 59, 60, 67, 135, 139) shows the defects of *Kingsdown House, Box*, in the County of Wilts, in 1842 and 1843; the airing grounds being small, gloomy and unfit for exercise; the Patients dirty, crowded and without classification, and subject, moreover, to excessive restraint.

*Alleged neglect and ill-treatment of Patients.*

Soon after the passing of the existing Act, a statement was received by us, to the effect that some Patients had been ill-treated and neglected in this Asylum. The person tendering this information was summoned to London, and was examined on oath at great length, and the result was, that the Board resolved that *Kingsdown House* should be examined at night, under the power contained in the 71st section of the Act 8 & 9 Vict. c. 100. Accordingly, three of the Commissioners were appointed to make the Visitation. They report that, about nine o'clock on the night of the 23rd

*Night visitation under 71st section of 8 & 9 Vict.*

August, 1845, they went to Kingsdown House; when, finding that all the Patients were in bed, they proceeded at once to the dormitories and cells occupied by the Paupers, and afterwards inspected all the rest of the sleeping rooms. They spoke to almost every Patient, and ascertained that only one (a female) was under restraint. They state, however, that nine female Patients were sleeping in small closets, almost all of which were without light or any manner of ventilation, except what was obtained (through bars or railings at the top of each) from the interior of the low room, on each side of which such closets were arranged: that these closets were very close and offensive, and utterly unfit for any Patient; and that Dr. Langworthy (upon their urgent representation of the unfitness of these places), had promised that they should be disused. They further report that Dr. Langworthy had for years been in the habit of neglecting the Act which required that every House containing one hundred Patients should have a Resident Medical Officer; that having (to escape this enactment) applied for and obtained, in January, 1845, a Licence to receive ninety-nine Patients only, it was found that he had exceeded the number specified in his Licence by having, in August of the same year, upwards of one hundred; that the Medical Visitors' Book was carelessly kept and contained no information whatever, as to the condition of the Patients or of the House: that the airing grounds were insufficient, the domestic offices small, and badly arranged: that two male Patients slept apart from the other Patients in one room (a practice the Commissioners directed to be immediately discontinued); and that

c. 100, and  
Report  
thereon.



altogether the Asylum did not afford accommodation for the large number of Patients received therein; neither the size of the rooms, nor the extent of the airing grounds, being sufficient for the purpose. The Visiting Commissioners further state that they remained at the Asylum until midnight, and on the following day examined witnesses on the subject. The result of the investigation thus made, induced them to think that, although the Asylum was still in a very imperfect state, the graver abuses had been remedied. It seems desirable, however, with the view of securing good treatment to the Patients, that the Justices of the district should occasionally make a nocturnal visit to this Establishment.

Visit in December, 1845,

Upon another visit being made to this Asylum in December, 1845, the Visiting Commissioners report that they found that the closets adverted to in the last-mentioned Report had been removed, and that the whole space had been thrown into one dormitory. They further report that two rooms were offensive and required much better ventilation; and they mention, as an objection, that the paupers generally had no sheet under them whilst in bed. The House, when visited the next time (in 1846), was found on the whole to be clean and in good condition, and a window had been inserted in the refractory room, for better ventilating it and rendering it more cheerful. There were at this last visit 101 Patients in the Asylum, being an excess of two beyond the number permitted by the Licence.

and in 1846.

On a subsequent visit in 1846, the Report is, generally speaking, favourable; but the want of a bath in an establishment of this size, is noticed as a great defect.

Kingsdown House, although it exhibits fewer defects than heretofore, is still an establishment of which we entertain no favourable opinion. In order either to enforce the residence of Dr. Langworthy (or of some other medical person) in the Asylum, or to reduce materially the number of Patients, we applied to the Justices of the County of Wilts for their interference, and brought before their notice the unsatisfactory condition of the House, and Dr. Langworthy's repeated violation of the Act. The Justices, however, replied that they saw no legal reason to refuse (and they have accordingly again granted) a Licence for ninety-nine Patients, thereby enabling Dr. Langworthy still to keep open a large establishment of indifferent character, without its having the benefit of a Medical Resident. It is quite clear that the Justices under the late Act, as well as under the present, possessed an absolute discretion either to grant or withhold a licence, and, as a consequence, to fix the number of Patients to be received, or to make terms with Dr. Langworthy with respect to a Medical Resident; and we think it exceedingly objectionable that a large Establishment of Insane persons, liable, more than others, to accidents, acts of violence, and sudden illness, should continue to be left without medical aid at all times immediately available. The necessity of there being a Medical Resident in this Asylum is the greater, owing to the fact of the great body of the Patients

Remarks on  
the present  
state of this  
Asylum.

consisting of Paupers, whose friends have rarely, if ever, the same means of showing such care and attention as is the case with private Patients. Should we find hereafter that there is reason to believe that this House is not well conducted, we shall feel it our duty to recommend the discontinuance of the Licence.

Case of Mrs.  
Rhodes.

Her condition when  
discovered.

Order for re-  
moval to  
York House,  
Battersea,  
under Certifi-  
cates.

Resisted by  
Quail.

6.—On the 5th August, 1846, a medical gentleman attended at our office, and informed us that *Mrs. Martha Elizabeth Rhodes, otherwise Skuttleworth*, had been found by himself and another Medical Practitioner in a wretched and filthy condition, in a lodging situate in Upper Eaton Street, Pimlico, where she resided with a person calling himself Dr. Quail; that she was in bad health and of unsound mind, and in a totally neglected state, and required immediate treatment. That, for these reasons, a Clergyman officiating at Pimlico had, out of kindness, taken the responsibility of signing an order for her admission into York House, Battersea; the usual certificates being signed by our informant and the other Medical Practitioner before adverted to.

It appeared that the parties signing the order and certificate had attempted to remove Mrs. Rhodes on the 4th of August, but that they had been resisted by Quail, who refused to permit her removal.

This being the case, the parties retired, but returned in the evening, to make another attempt,



when it was found that Quail had removed Mrs. Rhodes from Eaton Street, but that no information could be obtained as to where she had been taken.

*Mrs. Rhodes removed by Quail.*

On the 6th of August, Quail attended our Weekly Board, and stated that "Mrs. Rhodes was not of unsound mind, but only silly; that she had formerly possessed £300 a-year, but had then £100 a-year only; that she had agreed to pay him (Quail) £500 a-year, and that she had been oppressed by being compelled to pay Income Tax; that there had been a private political movement to prevent her receiving proper attendance; and that he had taken her away, to prevent her being kidnapped by surgeons." Upon being examined on oath, Quail refused to answer any interrogatory put to him, as to Mrs. Rhodes's then residence. In the course of his examination, he stated that Mrs. Rhodes had resided with him, and that she had no servant or medical attendant, but that he himself attended on her. He also gave an account of their changing their lodgings very often, assigning as a reason for their leaving one place, that it was probably owing to a political movement or persecution.

*Quail's statement.*

In the course of a day or two, we received information that Mrs. Rhodes had been removed by Quail to a house in Grafton Street, Fitzroy Square; and we accordingly applied to your Lordship, as you are aware, for an order authorizing two Members of the Commission to inspect the house in Grafton Street, and to examine

*Lord Chancellor's Order to visit Mrs. Rhodes in Grafton Street.*

Admission  
refused.

Mrs. Rhodes, who was alleged to be a Lunatic, and to report thereon. Accordingly, the two Commissioners immediately proceeded to the house in Grafton Street, and applied for admission therein, which was refused, the house door being opened to the extent only of three or four inches, and there secured by an iron chain, which prevented their entrance. They explained to the mistress of the house, who thus partially opened the door, the object of their visit, and read to her your Lordship's order directing them to inspect the premises, but she persevered in refusing them admittance. The two Commissioners, therefore, made a Report to your Lordship to the foregoing effect, stating, at the same time, that they were informed that the house in Grafton Street was a house of ill fame; that Mrs. Rhodes was detained therein; that she was a Lunatic, in bad bodily health, and much neglected; and that there were grounds for fearing that her health might be seriously endangered, unless she was speedily removed, and subjected to proper medical treatment.

Mrs. Rhodes  
again re-  
moved by  
Quail, but  
taken by  
police to York  
House Asy-  
lum.

It appeared that Quail, a day or two afterwards, removed Mrs. Rhodes from this place. He was followed, however, by the person having the order and certificates, who with the assistance of the police, obtained possession of Mrs. Rhodes, and placed her, on the 9th of August, in York House Lunatic Asylum.

Visit to York  
House by  
three Com-  
missioners.

Information of her removal being received at our office, on the 10th August, a special visit was made to York House, on the following day, by three Commissioners, with a view of ascertaining the state of

Mrs. Rhodes's mind. They examined her accordingly, and reported her to be a person of "weak and unsound mind, and properly confined, and incompetent to take care of herself and property." In the course of her examination she stated, in answer to the inquiries of the Commissioners, that "Dr. Quail had lived in the same lodging with her at all times, for about six years; that she did not wish to return and live with him again; that he had lodged and boarded at her expense; that he used to ask her for money, which she sometimes gave him; that sometimes she had refused, and that he had then beaten and kicked her; that the bruises then on her body had been occasioned by Dr. Quail's kicking her."

In order to satisfy ourselves more completely in reference to Mrs. Rhodes's case, and particularly as to her condition and treatment previously to her being removed at York House, we summoned Mr. Wilmot and Mr. Griffiths (surgeons), who had signed the certificates, and also Mr. Chisholm, another surgeon, who had attended her some years ago, and who had seen her lately at the house in Grafton Street, to attend at our office on the 13th August; and we then examined them severally on oath, touching her mental and bodily state. Their evidence fully confirmed the statements received by us as to Mrs. Rhodes's insanity, and as to her filthy and neglected condition previously to her confinement, and satisfied us as to her having been improperly treated by Quail. Amongst other things, Mr. Wilmot stated that he became acquainted with this case by

These Surgeons examined on oath as to Mrs. Rhodes' condition and treatment.



Quail calling on him to borrow a lancet, for the purpose of bleeding Mrs. Rhodes. The following day, Mr. Wilmot saw Mrs. Rhodes at Quail's request, and found her almost naked, and in a very low and weak condition. She had a bad leg, and bruises on her body, and, judging from her pulse and general appearance, was half-starved. Mr. Wilmot, prescribed for her, and prevented Quail from bleeding her, which, in her then state, he thinks might have endangered her life.

*Second visit  
of Commissioners.*

On the 9th September, two members of this Commission (not being either of those who visited her on the 11th August) again saw and examined Mrs. Rhodes, and on that occasion they reported, that she was "of imbecile mind, and utterly incapable of taking care of herself or managing her affairs;" that she repeated to them, (the Visiting Commissioners,) that Quail had "frequently kicked and beaten her; that the wounds and bruises on her back and legs were caused by blows and kicks given by him; that on one occasion she had hidden a large stick belonging to Quail, from the fear that he would strike her with it; and that she would not dare to trust herself with him again."

During this time, Quail made numerous applications to the members of this Commission, collectively and individually, for an order authorizing him in the first instance, and subsequently him and his solicitor, to visit Mrs. Rhodes in York House Asylum; but, having satisfied ourselves of her insanity, of her being well treated in her present

residence, and of Quail being a very improper person to interfere with her or her affairs, we invariably refused to grant the orders applied for by him.

As this case has acquired some publicity, by the fact of Quail having on several occasions made application to the Courts of Law for their interference in the matter, and by reason of his having twice obtained a writ of *habeas corpus* to bring up Mrs. Rhodes personally before the courts, we have thought it advisable to enter into the foregoing details.

The case, (after certain preliminary applications for a *habeas corpus*, heard before single Judges,) was ultimately discussed in all its bearings successively before the full Courts of Queen's Bench and Common Pleas. The decision of the Court of Queen's Bench established the validity of the order and medical certificates; and the Chief Justice and other Judges of the Court of Common Pleas, after hearing all the affidavits on both sides, and personally examining the patient, were fully satisfied as to her insanity, and the propriety of her confinement at York House, and unanimously refused to make any order upon the subject.

Application  
for *habeas*  
*corpus*.

Patient ex-  
amined in  
Court.

Order  
refused.

7.—The several investigations made by us, in order to ascertain the condition of the *Haydock Lodge* Lunatic Asylum, and the treatment of the Patients therein, will appear on reference to the several Reports transmitted by us to Her Majesty's

Haydock  
Lodge Asy-  
lum.

Reference to  
Reports to

Secretary of  
State,

principal Secretary of State for the Home Department, relative to this establishment, and subsequently printed by order of the House of Commons; copies of which Reports we transmit herewith.\*

Improved  
condition of  
the Asylum.

Since the date of the last of these Reports, this Asylum has again been visited by two members of this Commission, who report that, in various respects, it has undergone much improvement. The last Report also of the Visiting Justices (dated 30th April, 1847) states that their "visit has proved very satisfactory;" that they "found the house remarkably clean in every part, the drainage and ventilation much improved, and the health and appearance of the inmates as favourable as could be expected." The Justices further observe, that "by far the largest number of the Pauper Patients received into

---

This seems a proper opportunity for noticing an error which, through an inadvertence, has found its way into the printed "Report on the Mortality at Haydock Lodge," and which, as it affects the sense, requires to be corrected. In that Report the sentence commencing at the 15th line from the bottom of the 51st page, as now printed, runs thus:—"Taking all the facts, however, into our consideration, and giving them their due weight, we are not prepared to say that they prevailed to such an extent as to have any material influence in generating this disease, or otherwise in affecting the general health of the Patients;" whereas the sentence, as settled by the Medical Commissioners, ran, and ought to be read, as follows, viz.:—"Taking all these facts, however, into our consideration, and giving them their due weight, we are not prepared to say that they prevailed to such an extent as to have any material influence in generating this disease, although they must have affected the general health of the Patients."



this house are of a class very unfavourable to their successful treatment,—not a few of them having, superadded, the seeds of serious bodily disease.”

In the course of a correspondence that took place between this Commission and the Justices of the Kirkdale Sessions, relative to Haydock Lodge, we suggested to them the expediency of their granting the Licence to Mr. Coode, or to Mr. and Miss Coode jointly, and of their requiring Mr. Coode to reside on the licensed premises; leaving it to the discretion of the Magistrates to dispense with such condition, provided they (after fully investigating and considering the improvements in the Asylum, and the arrangements in progress for the general and medical administration of the Asylum), should be satisfied that another arrangement would be equally efficient, and equally well calculated to secure the permanent good of the establishment.

Correspondence with Justices relative to renewal of Licence.

In consequence of our communication, the Justices, in the first place, took the precaution of granting a Licence for four months only, and at the expiration of that time, being satisfied with the improved condition of the Asylum, they granted a Licence for ten months to Mr. Charles Frederick Jenkins, the present resident Medical Superintendent, there being a second Medical Officer also resident on the premises, and Mr. Coode himself living in the neighbourhood.

Licences granted.

You will observe, on reference to the earliest of the printed Reports before adverted to, that we, in

Mode of investigating abuses in

Provincial  
Asylums.

the first instance, committed the investigation, which we thought necessary to be made into the charges brought against the Haydock Lodge Establishment, to the care of the Justices who were appointed its Provincial Visitors, and who have devoted much care and attention to this important duty.

This has been our usual course in all cases relating to Provincial Asylums, where the conduct of the Justices themselves is not implicated. These gentlemen are more immediately the Visitors to whose inspection the Provincial Asylums are entrusted; they, for the most part, live in the neighbourhood, and have some knowledge of the character of the people to whom such Asylums belong; their visits are, by law, more frequent than ours; and the Legislature seems to have selected them as the persons who are primarily to perform certain duties which we, in our turn, and at more distant intervals, are required to overlook.

The numerous duties imposed upon this Commission would render it totally impossible for us to carry into effect the provisions of the present Act of Parliament for the general welfare of the Insane, unless we received this assistance from the Visiting Justices, to whose vigilance the Provincial Asylums must be in a great measure entrusted.

Cropper  
House,  
Brompton.  
Condition  
and manage-  
ment unsatis-  
factory.

8.—The condition of the Licensed House, called *Cropper House*, at Brompton, is not adverted to in the Report of 1844; but we subsequently had reason to be dissatisfied with the state of the premises

and the treatment of the Patients therein. An Inquisition had also been held to ascertain the state of mind of a male Patient, formerly confined in Couper House, and in the course of the evidence brought before the Jury, it appeared that violent quarrels and personal conflicts had occurred between the two brothers (Messrs. Elliott) who were then the Proprietors of the establishment, which must necessarily have interfered considerably with the tranquillity and comfort of the Patients. It appeared also, by the Report made by the Visiting Commissioners, when inspecting the Asylum in August, 1845, that there was a great deficiency of amusement and employment; that the private Patients had meat for dinner only three times a week; and that the Visiting Commissioners had doubts whether the Patients of the second class, who were confined in small yards, had access at any time to the extensive garden attached to the Asylum.

Taking all these facts into consideration, we, in November, 1845, directed a letter to be dispatched to Messrs. Elliott, intimating that it was our then present intention not to renew their Licence, which would expire on the 4th of February, 1846; explaining at the same time, that the intimation was then given, in order that they might have ample notice of our intention, and might communicate the same to the Patients' friends, and thereby enable them to make arrangements elsewhere for their comfort.

Question as to renewal of Licence considered ;

Soon afterwards, a dissolution of the partnership



which had existed between the two Messrs. Elliott took place, and in January, 1846, Mr. Cyrus Elliott, after giving us notice of the dissolution, applied for a Licence in his own name. We thought it right to refuse his application; and he thereupon addressed a memorial to our Chairman, alleging that the misconduct of his brother had interfered, for some time past, with his management of the establishment; that he had lately been making improvements on the premises, and had purchased his brother's interest, and had made arrangements with Mr. Wing, a medical gentleman, to act as Superintendent, with a view of altogether improving the establishment, and adding to the comforts and proper treatment of the Patients. This application was seconded by Mr. Wing, who was to act as Superintendent, a gentleman of standing in his profession, and therefore we directed Mr. C. Elliott to attend our next weekly Board, with a view of questioning him on some points, before we came to any final decision upon the subject.

and Licence  
ultimately  
granted  
under certain  
conditions.

Mr. C. Elliott accordingly attended the Board, as well as Mr. Wing, who produced his testimonials, and stated that it was his intention to devote himself exclusively to the care of the Patients in Cowper House. Testimonials in favour of Mr. C. Elliott, from the relatives and friends of some of the Patients were also produced; and eventually, after taking the subject into further consideration, we resolved to grant a Licence to Mr. C. Elliott, and Mr. Wing, jointly, upon condition that Mr.

Wing should reside upon the premises, and undertake the management of the establishment. This condition having been acceded to, we granted a Licence to Mr. C. Elliott and Mr. Wing for thirteen months, at the expiration of which time (finding the Reports of the Visiting Commissioners to be favourable), we consented to grant a Licence, (for a shorter time than usual, however), to Mr. C. Elliott alone, upon condition that a medical attendant, of whose skill and character we should be satisfied, should have the care of the Patients.—This Establishment will continue to receive our careful supervision.

9.—We have, upon several occasions, received intimations that Insane Patients have been detained in *Unlicensed Houses*. We have however thought it advisable to institute a prosecution only in one instance, where it appeared that several private Patients had been received into a house in the neighbourhood of London, one only being detained upon certificates. An order of the Lord Chancellor being obtained for that purpose, we directed two of our body to inspect the premises, and upon their reporting that there were several Patients of unsound mind confined there, we caused the party offending, who was very nearly related to a Licensed Proprietor in the neighbourhood, and therefore, in every probability, cognizant of the existing law on the subject, to be indicted.

*Unlicensed Houses.*

Prosecution under s. 44 of  
8 & 9 Vict.  
c. 100.

On being arraigned, the defendant pleaded guilty to the indictment, and entered into recogni-

zanices to appear and receive judgment when called upon, and at the same time paid a sum of money towards the costs of the prosecution.—Under the circumstances of this case, we did not think it necessary to press for judgment, but allowed the matter to stand over. And it appearing afterwards that the Patients who had been received into this house had been kindly treated, we consented, on the application of the Proprietor, backed by some testimonials of the Patients' friends, to grant a limited Licence for the reception of a few female Patients into the establishment, which in itself is well adapted to the purpose, and as we are inclined to believe, is now well-conducted.

Prosecutions  
against At-  
tendants  
under s. 56 of  
a & p. Vict.  
c. 100.

10.—Upon two occasions we have felt it our duty to institute prosecutions against male attendants in Private Asylums; in the one case for gross neglect, and in the other for maltreatment of a Patient; by reason whereof, death ensued in both cases.

1. Of Atten-  
dant at the  
Nottingham  
County  
Asylum.

In the first case, it appeared that a Lunatic Patient named Matthew Doubleday, had been received into the Lunatic Asylum for the County of Nottingham, at which time it was stated that he had attempted suicide. He was therefore entrusted by the Medical Superintendent to the care of an attendant, named Joseph Large, with strict directions that he should never leave the Patient alone, nor lose sight of him, for a moment; he was further directed to sit up with him, and an arrangement was made by which, if it should be necessary for



Large to leave the Patient, his place might be supplied by another attendant. Notwithstanding these directions, Large quitted the Patient without causing his place to be supplied as agreed upon, and during his absence the Patient committed suicide by strangling himself.

Considering this to be a case of gross neglect, and that the prosecution of the offending party would operate as an example to other attendants in Lunatic Asylums, we directed Large to be indicted for a misdemeanor, under the 56th section of the Act 8 & 9 Vict. c. 100; and the case coming on to be heard, on the 15th of March last, Large was convicted, and was sentenced, by Mr. Baron Parke, before whom the trial took place, to be imprisoned for six weeks, in the Gaol of the County of Nottingham.

In the second case, information was laid before us that two male attendants of the names of James Downes and Samuel Garrett, belonging to the Grove Hall Asylum, at Bow, had been guilty of great cruelty towards a Pauper Lunatic of the name of William Rank, by violently striking and otherwise mistreating him, and thereby occasioning his death. After directing further inquiries to be made into the particulars of the case, we felt it our duty to instruct our Solicitor to obtain a warrant for the apprehension of the two attendants, and to cause them to be indicted for the alleged offence.

2. Of two  
Attendants at  
Grove Hall,  
Bow.

It appeared by the evidence given upon the trial,

that the deceased (Rank), was a very violent patient, and had on the 27th of March last, got up in the night and attempted to strangle Garrett (who was head keeper and slept in the same ward with himself), with a leathern strap. Garrett's cries brought another keeper and also a patient to his assistance, and the deceased was then placed under restraint, where he remained until eight o'clock the next morning, when he was released by Garrett and Downes. On his release, he renewed his attack upon Garrett, who together with Downes then assaulted him. Downes, as it appeared, first knocked him down, and then with the aid of Garrett got him upon the bed, and whilst the latter knelt upon his chest, Downes struck him with all his force upon the sides of his body and other places. At this time the patient was perfectly helpless, and the blood was running from his mouth. He afterwards became very ill, and eventually died on the 1st of April. Two days after his death, a coroner's inquest was held upon his body, and the jury brought in a verdict that that "the deceased had died a natural death from effusion of blood upon the heart, which might have been accelerated by the violence used to restrain him."

In consequence of what was stated before the coroner, Dr. Palmer, the medical superintendent of the Grove Hall Asylum, thought it right to make a post mortem examination of the body, when he discovered marks of violence on the chest and sides of the deceased. He also found that five of his ribs had been broken, and that one of the broken

ribs had penetrated the pleura, and had thereby caused the death of the patient. Both Garrett and Downes were tried on the 13th of May last, at the Central Criminal Court, upon an indictment for manslaughter, and were both convicted. The sentence pronounced by Mr. Baron Alderston, (before whom they were tried) was—as to Garrett, six months imprisonment, with hard labour; and as to Downes, three months; the ground for this difference in the sentences being, as stated by the Judge, that the latter was an inferior officer, and that he appeared to have acted under the influence of Garrett.

It is right to state that the Proprietor of Grove Hall Asylum and his medical superintendent first brought the matter under our consideration; and that they were also the means of having the inquest held upon the body, and afterwards of the post mortem examination being made, which led to the indictment and subsequently to the punishment of the offending parties.





## PART IV.

### OF THE MEDICAL AND MORAL TREATMENT OF LUNATICS IN THE SEVERAL ASYLUMS.

*Of the Treatment adopted in the different County Asylums, Hospitals and Licensed Houses, for the cure or relief of Insanity, and the disorders complicated with it.*

A REVIEW of the state of the Lunatic Asylums of England would be very incomplete, without some account of the means employed for the cure or relief of those disorders of mind and body which affect their inmates. We have therefore thought it advisable to collect from the several proprietors and superintendents of Asylums a general statement of the principles on which the Medical Treatment of Lunatics is conducted in their respective establishments. Although much information on this subject had been obtained during the personal visits of the Commissioners to the Asylums, much was still wanting to render this information complete and systematic. The accounts which had been collected by personal inquiries were, partly owing to the occasional absence of the Medical Officers at the time of the Commissioners' visits, and partly to other causes, imperfect and unsatisfactory. Under these circumstances we thought it expedient to address a circular letter to the Proprietors or Superintendents of Asylums, containing several questions in reference to their methods of treating cases of Insanity

*Circular, and  
Medical  
queries.*

and the disorders complained with it. These questions referred especially to the treatment adopted,—

First, in Mania.

Secondly, in Epilepsy connected with Insanity.

Thirdly, in Paralysis connected with Insanity.

Fourthly, in Melancholia.

We likewise requested the Medical Officers to give us "accurate information as to the result of their experience in the employment of particular remedies, such as blood-letting, general or topical, emetics, purgatives, antimonials, opiates or anodynes of any kind, antispasmodics, tonics, stimulants, and hot and cold bathing respectively, and also to communicate their observations as to the nature of the diet and regimen which have been found by them most beneficial in the treatment of Insanity in its various forms."

To these questions answers have been received from the following gentlemen.

1. *Superintendents of County Asylums and Hospitals.*

*Superintendents, Proprietors, and Medical Officers from whom answers have been received.*

1. *Of County Asylums and Hospitals.*

Dr. ANDERSON	- -	Haslar Hospital.
Dr. BECKNILL	- -	Devon County Asylum.
Dr. BUTON	- -	Dorset County Asylum.
Dr. CONOLLY*	- -	Middlesex County Asylum.
Dr. R. DAVIS	- -	Bristol Pauper Asylum.
Dr. CORSELLIS	- -	W. R. York Asylum.
Mr. GASKELL	- -	LANCASTER Asylum.

\* Since the Report was in type, a valuable contribution has been received from Dr. Conolly, which will be found, divided and arranged under the proper heads, in the Appendix.



Dr. HUXLEY	- - -	Kent County Asylum.
Mr. HOLLAND	- - -	Surrey County Asylum.
Dr. KIRKMAN	- - -	Suffolk County Asylum.
Mr. METCALFE	- - -	York Lunatic Hospital.
Sir A. MORISON, M. D.	-	Surrey County Asylum, and Bethlem Hospital.
Dr. MONRO	- - -	Bethlem Hospital.
Dr. NESBITT	- - -	Northampton General Lunatic Hospital.
Dr. OLIVER	- - -	Salop County Asylum.
Mr. PADLEY	- - -	Liverpool Lunatic Hos- pital.
Mr. PONSFORD	- - -	St. Thomas's Hospital, Exeter.
Dr. POWELL	- - -	Nottingham Asylum.
Mr. POYNTER	- - -	Late of Kent Asylum.
Dr. T. O. PRICHARD	-	Abington Abbey Retreat.
Mr. PRONER	- - -	Leicester Asylum.
Dr. SILLEBY	- - -	Military Lunatic Hos- pital, Yarmouth.
Dr. A. J. SUTHERLAND	-	St. Luke's Hospital.
Dr. THURNAM	- - -	York Retreat.
Dr. TYERMAN	- - -	Cornwall County Asylum.
Mr. WILKES	- - -	Stafford County Asylum.
Dr. F. F. WINTLE	-	Warneford Hospital, Oxford.

2. *Superintendents of Licensed Houses admitting Paupers.* 2. Of Li-  
censed  
Houses  
receiving  
Paupers.

Dr. T. B. BRYAN	- -	Hoxton House, Hoxton.
Mr. CASSON	- - -	Hull, and E. Riding Refuge.
Dr. W. PINCH	- - -	Laverstock Asylum, near Salisbury

Dr. W. C. FISCH	- -	Fisherton House.
Mr. GILLET	- - -	Fairwater House, Taunton.
Dr. GILLILAND	- - -	Hereford Asylum.
Mr. JAMES HILL	- -	Peckham House, Peckham.
Dr. HOOD	- - - -	Fiddington House, Devizes.
Mr. ILMS	- - - -	Fairford House Asylum.
Dr. MACKINTOSH	- -	Newcastle-upon-Tyne.
Mr. MALLAM	- - -	Hook Norton Asylum.
Mr. PAUL	- - - -	Camberwell House.
Mr. PHILLIPS	- - -	Bethnal House, Bethnal-green.
Dr. ROBINSON	- - -	Bensham Asylum, near Gateshead, Durham.
Mr. WATSON	- - - -	Dunston Lodge, near Newcastle-upon-Tyne.

3. Of Licensed Houses receiving Private Patients only.

3. *Proprietors or Medical Officers of Licensed Houses, admitting only Private Patients.*

Mr. ATKINS	- - - -	Grove House, Stoke Newington.
Dr. BAKEWELL	- - -	Oulton House, Stone.
Mr. BEVERLY	- - -	Whitmore House, Hoxton.
Mr. BUSH	- - - -	Retreat, Clapham.
Drs. F. and C. FOX	- -	Brislington House.
Mr. HARRIS	- - -	Springfield Asylum.
Mr. SIMPSON	- - -	Grove Place, Nursling, near Southampton.
Mr. SMITH	- - -	Hadham Palace.
Mr. STILWELL	- - -	Moorcroft House.
Dr. WILLIS	- - -	Shillingthorpe House.
Dr. WILLIAMS	- - -	Pembroke House.

The contents of these replies will be found in Appendix (L), where they are arranged analytically in the form best adapted to facilitate reference. Taken altogether, they furnish a most valuable body of information, as to the efficacy of the various methods of treatment proposed for the cure or relief of Insanity, containing, as they do, the results of the experience of men who have had extensive opportunities of observation. On most points there is, perhaps, as much uniformity as might be expected, due allowance being made for the different states of bodily health in the various classes of Insane Patients, and for the variety of predispositions, and of exciting causes which have contributed to the developement of Insanity. Still, there are some notable differences of opinion on certain practical points. We shall point out the most remarkable of these discrepancies, and notice briefly the topics in respect to which there is little or no difference of opinion, referring for further particulars, to the documents in the Appendix.

Contents of  
replies.  
Appendix (L.)



1. *Of Blood-letting as a Remedy for Mania.*Blood-  
letting.

One of the leading inquiries connected with the treatment of Maniacal cases refers to the effect of blood-letting, either general or local, in this form of mental disease. †

(1) *Of General Bleeding.*General  
bleeding.

The Medical men who have replied to our inquiries are nearly uniform in condemning the practice of venesection or general bleeding in ordinary Maniacal cases. Dr. Sutherland says he never employs it, because after the acute stage of the disorder has passed great prostration of strength generally follows, and the state of the body, exhausted by repeated paroxysms, is much the worse for the loss of blood. He adds, that "he has known death, from exhaustion, and in other instances Dementia occasioned by bleeding." He considers the violent paroxysms of the acute stage of Mania, as depending, "not on cerebral in-

\* It was found necessary to divide the treatment of each form of disease under particular heads in order to facilitate the comparison of the opinions and experience of different Medical Officers.

† It is well known to medical men that blood-letting was hitherto regarded as one of the most important means for the cure of Insanity, and that in cases of Mania displaying great excitement, it was thought to be the principal remedy. At Bethlem and other public Asylums, Patients were bled at stated periods.

inflammation, but on irritation." He thinks that the arterial congestion which is found in *post-mortem* examinations, in such cases, is not the result of inflammation. Mr. Gaskell, the Superintendent of the Lancaster Asylum, says that general blood-letting is scarcely ever practised in that establishment, and that even topical bleeding is very rarely resorted to. Dr. Thurnam, Dr. Corbelli, Mr. Poynder, (who was for many years Superintendent of the Kent County Lunatic Asylum,) Sir Alexander Morison, Dr. T. O. Prichard, formerly of the Northampton Asylum, Dr. Wintle, Dr. Button, Dr. Kirkman, all of whom have had long-continued and extensive opportunities of observation in the treatment of great numbers of Lunatics subjected to their care, agree in the same practical opinion as to the injurious effects of general bleeding in cases of Mania. Mr. Phillips declares that blood-letting in this form of cerebral disease is, whether general or topical, decidedly injurious. He observes that, in such cases the pulse is rapid and small, and the character of the arterial action is such as to denote the absence of inflammation.\* Nearly all the medical officers of Licensed Houses, both of such as admit Paupers and generally contain very considerable numbers of inmates, and of those devoted exclusively to private Patients, have adopted the same opinion. Among the former are Mr. Casson, Mr. Hes, Dr. Mackintosh, Dr. Gilliland, Dr. Finch, of Laverstock, and Dr. W. Finch, of Fisherton Asylum. Even those Physicians who approve of general bleeding in some cases of

\* Mr. Phillips adds a strong statement on this subject, which will be found in the Appendix (L.)

Insanity under peculiar circumstances, are equally strong in their condemnation of it as an ordinary remedy for Mania.

Nearly to the same purport are the observations of the Drs. Fox of Brislington House, "We have rarely seen benefit derived from general bleeding in Mania." "Previously to admission, most of our Patients have been under medical treatment, and we have often had reason to suspect that the general blood-letting to which they had been subjected has been detrimental, and that it has in some cases induced permanent fatuity." These observations coincide with those which have been communicated by the Physicians of St. Thomas's Hospital at Exeter (Drs. Miller and Shapter), who remark that general bleeding has been never or rarely resorted to at that Hospital, and that "the experience of its employment derived from those cases admitted after it had been freely practised, shows it to be evidently injurious, by breaking down the constitution, and conducing towards an uncontrollable Mania, very apt to settle down into Dementia." Mr. Prosser says, that "in cases of acute Mania, he has seldom had recourse to general bleeding, and that such cases are invariably aggravated by the antiphlogistic treatment." He thinks, however, that "in chronic cases, venesection has been better sustained, and has been, in some instances productive of partial relief."

Dr. Wilkes has expressed himself very decidedly on this subject. He says, "not only is there a want of proof of relief having been obtained by this popular remedy in any of the cases brought to this



Asylum, in which it has been practised, but its injurious effects have been so repeatedly and decidedly witnessed, either in producing fatal exhaustion, or reducing the Patient to a hopeless state of imbecility, that in cases of simple Mania uncombined with inflammation, its adoption cannot be too strongly deprecated."

General bleeding is resorted to only in cases of a peculiar description. Dr. Tyerman says that "blood-letting has been rarely practised, though sometimes with great efficacy, viz., in cases displaying Plethora, which threatens Apoplexy, and when there is a congested state of the heart and great vessels." Dr. Bryan observes that "in Hoxton Asylum, in cases, attended with vascular Plethora in a marked degree, general depletion has been practised with the best effects." Lastly, the Drs. Fox inform us that "general blood-letting is only resorted to by them in those cases of Mania in which the physical condition of the Patient induces the apprehension of Apoplexy, and never for the purpose of quieting a paroxysm of excitement.

### (2) *Of Local Bleeding.*

Local bleeding, even by leeches, is condemned by some practitioners of great and extensive observation. Mr. Phillips, of *Bethnal House*, and Dr. Wintle, say decidedly that it is injurious. There is, however, an extensively prevalent opinion in favour of the utility of this practice. The Drs. Fox, of *Brislington House*, declare that in most forms of Insanity, they find benefit to be derived from the

Local  
Bleeding.

local abstraction of blood from the head or the nape of the neck. Dr. Thurnam says, that "in recent cases of Mania, attended by symptoms of cerebral determination or congestion, he very often has recourse to bleeding from the head by leeches, or by cupping, generally the former, and usually with marked advantage." A similar opinion as to the utility of local bleeding by leeches, and sometimes by cupping, has been pronounced by Dr. Correllis, Mr. Poynder, Dr. Button, Sir A. Morison, Dr. T. O. Prichard, Dr. Anderson, the Drs. Finch, Bryan, Messrs. Iles, Casson, Stilwell, Mallam, and several others; and Mr. Smith, of Hadham, even recommends opening a branch of the temporal artery in certain cases. Dr. Tyerman says, that "local depletion from the head and the nape of the neck in congestive, or sub-inflammatory states of the encephalon, and from the thighs in amenorrhœa has been found beneficial. He adds, however, that in cases threatening general Paralysis, the blood drawn by cupping has been found thin and deficient in fibrin."

Mr. Prosser mentions local bleeding among the appropriate remedies in Mania, but he joins this practice with others calculated to obviate its debilitating effects. He says, the remedies chiefly used in the Leicester Asylum in cases of Mania, are the local abstraction of blood, counter-irritants, antimonials, hyoscyamus, enemata, purgative as well as anodyne, cold affusion, the application of ice, the warm bath, seclusion, a liberal but carefully regulated diet, with particular attention to the action of the bowels.

Mr. Wilkes says, "in pure cases of Mania, however great the excitement may be, general bleeding is never employed. The cerebral irritation is often materially relieved, and every advantage gained by local bleeding without materially depressing the patient's strength. For this purpose, leeches to the temples, or behind the ears, and cupping on the same parts, or on the nape of the neck, are the means usually employed, due regard being had, even in using these, to the amount of vascular action and condition of the patient."

Mr. Metcalfe, with the concurrence of Dr. Simpson, the Visiting Physician of the York Lunatic Hospital, recommends in the acute form of Mania, shaving the head, leeches to the temples, cold water or evaporating lotions to the scalp, active purgation, full doses of tartarized antimony, strict antiphlogistic diet, and seclusion in a dark room. "When the active excitement is subdued, or when these means have been employed during several days, opiates in full doses have often a good effect; if not speedily advantageous, they are discontinued. Exercise in the open air is enjoined, when the Patient is in a proper condition."

## 2. *Of the employment of Emetics and Purgatives as remedies for Mania.*

The use of purgative medicines in the treatment of Mania is recommended by nearly all the medical officers of Lunatic Asylums. It appears that emetics, which were formerly regarded as

*Emetics and  
purgatives.*



remedies generally applicable to the cure of Insanity,\* are for the most part discarded, or only used where symptoms indicate a disordered state of the stomach.†

Dr. Wintle observes that emetics and purgatives are often called for, particularly the latter, as Lunatics are prone to constipation. He adds, "I fear they are often neglected in this particular. I have a patient, an elderly clergyman, who has hernia of the right side, and who attributes it to the straining he has been compelled to make from the neglected state of his bowels."

"Antimonials, except as adjuncts to narcotics are hurtful; they distress the patients and increase the debility."

Mr. Casson says, "that he does not use emetics. He has never seen them produce any good effect, but, in some cases, decidedly prove injurious." He adds,—

"Purgatives are most useful in all cases of Insanity."

"Antimonials I have found very useful indeed in many cases of violent Mania, that is, recent attacks, but in cases of long continuance they prove injurious, particularly if given in nauseating doses, with a view of suppressing a violent paroxysm."

---

\* It was the custom to administer emetics to the Patients in Bethlem Hospital generally at certain periods.

† The reasons which have induced many practitioners to lay aside the use of emetics as general remedies in cases of Insanity have been ably stated by Dr. Alexander Sutherland. See Appendix (L.)

Sir Alexander Morison, Drs. Monro, Bryan, Kirkman, Button, Sutherland, and Mr. Watson, give nearly the same opinion as to the use of purgatives.

Dr. Tyerman thinks that mild laxatives are preferable to strong cathartics; but the contrary opinion seems to be the most prevalent. Dr. Sutherland, Dr. Bryan, and Mr. Watson, particularly recommend the use of Croton oil as preferable to all other cathartics. Many practitioners use calomel, colocynth, senna, and neutral salts.

Emetics have been recommended of late in cases of Melancholia and incipient Dementia rather than in Mania, but several Physicians think that they have derived advantage from giving antimonials to produce nausea and lessen excitement, and that the use of these remedies is only precluded in cases of exhaustion and debility.

### *3. Of the use of Opium and other Narcotics in Mania.*

An opinion was formerly very general that opium and other narcotics are injurious in all diseases of the brain, and these medicines, even in cases of Insanity, were seldom administered, owing to the prevalence of this notion. This is now looked upon as a prejudice by many of the most experienced physicians. Opium, in some of its preparations, is regarded as one of the most efficacious remedies in several forms of mental disease, and particularly,

*Opium and  
narcotics.*

as a remedy in cases of extreme violence and maniacal excitement.

Mr. Phillips, of Bethnal House, considers opium as one of the most important remedies in cases of Mania with great excitement. He prefers Battley's Sedative Solution, or a citrated watery extract of opium.

Mr. Beverly says that opiates are generally useful for Patients in a greatly excited state. He uses especially full doses of morphia.

Dr. Alexander Sutherland observes that opium and other anodynes are, according to his experience, of essential service, particularly in those cases of Insanity which border on delirium tremens, in cases of puerperal mania, in the acute stage, and particularly in the paroxysms and sleeplessness of Mania, in cases in which there is great nervous irritability from poverty of blood, and in those combined with cachexia, from starvation, and other causes. In opposite states of the system, where congestion of the cerebral circulation exists, and there are symptoms threatening general paralysis, Dr. Sutherland thinks the use of these remedies contra-indicated. His remarks on this subject may be read in the Appendix, as well as his general observations as to the limits to be set to the administration of opium in Mania. He says further, that since his appointment to St. Luke's Hospital, he has been in the habit of prescribing the acetate of morphia in solution with distilled water; in private practice he often combines it with distilled vinegar.



He gives the hydrochlorate combined with dilute hydrochloric acid. Dr. Sutherland has found the meconiate of morphia very serviceable in cases where the two former preparations have not agreed with the patient.

Dr. Wintle says, that in cases of Mania he has been most successful in the use of opium and hyoseyamus. He prefers the former, "unless some idiosyncrasy contra-indicates." "I believe," he observes, "that this class of medicines has been sadly neglected in the treatment of Insanity, and I attribute the failures of success which have occurred in its use to indecision and timidity." "I am of opinion," he adds, "that narcotics given freely, as it is the practice to prescribe them in delirium tremens, would seldom fail in curable cases." "Opium and hyoseyamus judiciously combined, are the *chief remedies*, if they are freely given and their effect is carefully watched. The form and dose must depend upon the particular symptoms present in each case," only let them be continued and increased till sleep is produced or excitement subdued. Generally it is advisable to combine opium with a saline; but very frequently patients cannot easily be induced to take medicines. I then give opium in porter or beer. Hyoseyamus may also be given in the same vehicles or in coffee, and it is seldom detected. Patients are sensible of the beneficial influence of these remedies." Dr. Wintle says, "I had here a clergyman so impressed with the power of opium in controlling excitement, that after he left the *Warriford Asylum* he kept a mixture by him at home, and had recourse to it

when he felt irritable and losing control over himself, and generally with success. I have used these medicines extensively, over a period of twenty years and have not known any ill effect. Patients are frequently sick in the morning after taking warm fluids, but this is rather salutary than otherwise."

Dr. Thurnam says, "In a more numerous class of cases, chiefly those of somewhat longer duration, the maniacal excitement has subsided under the exhibition of preparations of opium and particularly of rather full doses of the acetate of morphia or of Dover's powders, under the influence of which the patient is for some time steadily kept."

Mr. Casson says, he has known opiates or anodynes produce much benefit in cases of mania with high excitement, where depletory measures had failed to produce sleep. He has also seen them particularly useful in many melancholic cases, and in other instances, where great excitement of the system appeared to be connected with want of power.

Mr. Holland says, "opium and benbanc are remedies without which, though I use them cautiously, I should feel very helpless."

Mr. Poynder says, "sedatives (either alone or combined with stimulants), such as the tincture of opium or hyoscyamus, or the preparations of morphia, with the compound spirit of sulphuric ether,

will often allay irritation, and procure rest, especially when conjoined with a generous diet and London porter."

Mr. Watson says, that, after relieving congestion by aperients (Croton oil, &c.) and the application of cold to the head, he exhibits opiates in large doses, combined with antispasmodics. He has been disappointed in the trial of other narcotics, such as belladonna, hyoscyamus, and conium.

Mr. Paul says, "sedatives are a class of medicines to which we are also much indebted, particularly after the bowels have been freely evacuated, and where there is no tendency to paralysis or congestion. Here the various preparations of morphia, opium, and hyoscyamus, especially the former, are of the greatest service, always bearing in mind that full doses should be given so as to procure the sedative and not the stimulant effect of these remedies."

Dr. Kirkman considers opiates as very valuable remedies.

In the *Stafford Asylum*, we are informed by Mr. Wilkes, that the "various narcotics and sedatives are constantly used in the treatment of cases of Mania, both acute and chronic, and though they are uncertain in their action, and no very precise rule can be laid down for their employment, they are on the whole, found to be highly serviceable. They appear to be of the most benefit in cases attended with great nervous excitement, and are of



little use and often positively injurious when there is much febrile disturbance, especially with typhoid symptoms or vascular determination to the head. The descriptions of narcotics to be used, and also the dose, can only be determined by experience in individual cases. The free action of the bowels should be previously obtained, and then either solid opium, the tincture, Battley's Sedative Solution, or morphia, are prescribed, combined in some cases with antimony or ipecacuanha, hyoscyamus, camphor, or ether. In cases of great excitement, any of these in small doses rather increase it, and it is important to prescribe full doses, and frequently to keep up the narcotic action by repeating it every four or six hours. The Indian hemp has latterly been employed here, and when genuine is a valuable and powerful remedy. In several cases in which I have employed it, the excitement has been subdued and sleep obtained, when large and repeated doses of opium and morphia only added to the restlessness of the patient. Its after effects also seem to be less injurious than those of opium; constipation is not produced, and the constitutional disturbance is often relieved."

Mr. Mallam says, "sedatives, especially opium (he chiefly employs the acetate of morphia), I believe to be the most generally useful of any classes of remedies in Insanity in several forms."

Dr. Oliver does not employ opium in the early stage of Mania. He prefers the tincture of hyoscyamus, giving one drachm and a half or two drachms every four hours during the day, and

three drachms or half an ounce as a night draught. As soon, however, as the force of the attack begins to decline, he does not hesitate to use either opium or some of its preparations freely. Frequently, even whilst continuing the antimony, he gives from half a drachm to one drachm of tincture of opium two or three times a day, with a double dose, or perhaps two or three grains of hydrochlorate of morphia at bedtime. He has never witnessed any event which would induce him to regard the practice here described as not generally advantageous. While employing these remedies, he takes care as much as possible that the bowels are regularly evacuated. He says further:—"In some instances, where the irritability has been excessive, I have found the employment of opium also to be indispensable; and I have sometimes given it in very large doses before it has succeeded in procuring sleep."

Dr. Tyerman says, "that opiates and the tincture of henbane have been found of great benefit when sleeplessness and its consequent exhaustion follow maniacal excitement. During the stage of high excitement, he does not think their use indicated. In case of chronic dementia, he has observed them to procure sleep and relieve distressing symptoms."

Dr. Bryan says that opiates, morphia, henbane, conium, either alone or combined with camphor or musk, have been used with the most favourable results in cases in which excitement with want of sleep have produced exhaustion, as well as in those

states of the system which resemble delirium tremens, and likewise in Puerperal Mania. He adds, "Opiates have been frequently administered with favourable results under the following circumstances, viz., where continued excitement or want of sleep has been accompanied with exhaustion; where Mania has been connected with a state of the nervous system resembling delirium tremens, or has appeared to arise from a long course of intemperance. In Puerperal Mania it is also a valuable medicine."

"Hyoscyanus and conium have occasionally been used as narcotics, or rather, perhaps, as sedatives: they have sometimes been substituted for opium, and although less certain in their effects are more generally admissible."

Dr. T. O. Prichard says, that his plan in the treatment of Mania is to clear the bowels by aperients, and reduce excitement by the application of cold and leeches, if necessary applied to the head; to give antispasmodics, stimulants and anodynes. He seems to prefer full doses of the tincture of henbane to opiates.

An approval of the use of opium is expressed by several other Medical Officers of Asylums, in terms less decided and general than those which have been cited in some of the preceding statements. Dr. Mackintosh, thinks them useful in Remittent Mania. In Acute Mania, he combines opium with calomel. Mr. Atkins thinks great advantages arise from giving henbane in the acute



form, and morphia in the chronic. He also uses the Indian hemp.

Dr. W. C. Finch, of Fisherton, gives crude opium and tartarized antimony from two to five grains of each, to allay violence and procure sleep. He likewise uses hop pillows.

Dr. Bucknill, in cases accompanied by want of sleep, gives ʒij of the tincture of henbane with camphor, and if that does not succeed, ʒi of tincture of opium, with ʒj of sulphuric æther, after the subsidence of the acute symptoms\*.

Many other physicians use various narcotics besides opium in the acute stage of Mania, and particularly in cases where want of sleep produces great exhaustion. Hyoscyamus, conium, stramonium, belladonna, and of late the cannabis indica, have been recommended by different practitioners.

---

\* It is remarked in the Report of the Dundee Lunatic Asylum, that small and often-repeated doses of acetate of morphia, have often been found useful in cases of Mania, with a tendency to suicide.

In the Report of the Montrose Asylum, the writer has made the following remarks.

"In no instance did I see any necessity for depleting measures, while a tonic plan of treatment was indicated in most of them. In those cases of Mania, which came under my observation, attended by great excitement, the narcotico-stimulant method of treatment appeared to answer better than any other. Camphor, hyoscyamus, and the different preparations of opium were a few of the remedies employed. In one case of vigilætia which continued for fourteen days, and resisted all the ordinary and approved agents, sleep was induced by the administration of copious draughts of porter.

Very full commentaries on the use of remedies as subsidiary to the more important exhibition of opium, will be found in Appendix (I.), and especially in Dr. Sutherland's observations on the effect of particular remedies.

Baths.

4. *Of the use of Cold and Warm Baths in Mania.*

The Doctors Fox attach much value to the use of hot and cold bathing. "In Mania" they observe, "we use the cold plunging bath and cold shower bath, and we find the warm bath and the cold shower bath, with the feet of the patient immersed in hot water, more applicable in cases of melancholia."

Mr. Wilkes, in his account of the practice pursued at the Stafford Asylum, says—"The use of the warm and shower baths is found here to be of much importance in the treatment of Mania. The warm bath seems to exert a sedative influence in many cases of excitement, and may generally be employed with safety. The tepid or cold shower bath, when cautiously employed, is also a powerful means of subduing the paroxysm, and many Patients acknowledge that it alone has cured them. It seems to be of the greatest benefit in cases of Mania, attended with heat of scalp, and increased vascular action, and when unattended with much general disturbance of the system or symptoms of thoracic or abdominal disorder. In the latter complication, the use of the shower bath is at once

contra-indicated, and the warm bath may be substituted for it."

Cold lotions, ice, and cold affusions to the head, are constantly employed, whenever the heat of scalp, suffused eyes, and increased arterial action, indicate fulness of the cerebral vessels.

Mr. Casson finds warm bathing beneficial in almost all forms of Insanity, and he has also derived essential service from shower baths.

Mr. Watson says, that he observes benefit to be derived from the application of cold to the head, not by cloths, but by holding the head over a tub and pouring cold water over it. He says, "the relief thus afforded is great: I often find the patient request its repetition."

Dr. Bryan says, that baths are much used at Hoxton, both as therapeutic agents, and with a view to cleanliness. The warm bath, with cold to the head (*i. e.*, ice or a stream of cold water), is a powerful sedative and refrigerant, and often induces sleep, and in some instances is followed by a more tranquil state of the patient. The shower bath is useful in relaxed and hysterical habits, where the state of the internal organs does not contra-indicate its use. In some instances, however (more especially when cold,) it has appeared to derange the functions of the liver. In prescribing baths, Dr. Bryan judiciously remarks, that it is desirable to ascertain as nearly as practica-



ble, the condition of the thoracic and abdominal viscera.

Dr. Kirkman is of opinion, that the cold bath is sometimes too exhausting, but he says that it is frequently useful as a tonic. He thinks the warm bath beneficial in melancholia, particularly with the carbonate of ammonia taken internally.

Dr. Tyerman says, that warm baths (with the cold affusion, when it can be borne,) have appeared to him one of the most important measures in the treatment of Insanity, especially in its acute form, tending to restore the equilibrium of the nervous and vascular systems, and the functions of the skin; and frequently producing a remission or satisfactory termination of the maniacal paroxysm.

Dr. Thurnam, uses warm pediluvia with cold applications to the head.

Dr. Mackintosh says, "that he has observed a temporary attack of Insanity to follow the application of cold to the head, while the body was immersed in warm water, but he thinks he has seen decided benefit arising from the application of cold to the head, conjointly with that of warmth to the feet, while the patient was in bed."

Mr. Padley observes that "cold applications are useful when there is heat of the head and other signs of vascular excitement, the hair being cut off; or sometimes the shower bath when the case admits of

it, and warmth to the extremities.7 He adds that, the shower bath is useful, especially at the approach of paroxysms, or during the period of excitement.

### 5. *Of Diet and the use of Stimulants.*

Medical men connected with Lunatic Asylums, are, almost without exception, of opinion that Maniacal and Melancholic Patients require a nutritious, and what is termed, a generous diet, and most of them advise the use of wine, beer and other stimulants. It is well observed by the Drs. Fox, that this is equally necessary in cases of Chronic Insanity. These experienced physicians make an exception with regard to paralytic and epileptic Patients.

Diet and  
stimulants.

Mr. Phillips remarks that the diet or supply of nourishment, should be nutritious, and that great care should be taken that the Patient be well supplied; the excitement being of that character, that little or no food will be taken unless by sudden fits or starts. There is much difficulty in forcing Patients to take food, and the irritation produced by bringing a number of assistants about the Patient invariably increases his excitement.

The usual plan adopted is to give good beef tea, arrow-root, porter, and eggs beaten up in milk or ale; the evil to be apprehended is, that the Patient will become exhausted, and sink into a state of collapse; thence the absolute necessity of keeping up the physical strength until sleep be produced.

After this, food is generally taken without much trouble.

Mr. Beverly agrees with Mr. Phillips with respect to the diet best suited for Maniacal Patients. He says that they ought to have a generous and nutritious diet, with wine and other stimulants, cautiously used, and malt liquor.

Dr. Kirkman says that the diet and regimen should be always generous, consisting of animal food and porter, solids being better than fluids. No medicine is of equal value with good food.

Dr. Bryan says, that in protracted cases and in those unaccompanied by vascular excitement, moderate exercise, society, some light amusement or occupation for the mind, with a more generous diet, should be prescribed. He adds, "In cases of long-standing, in aged persons, in cases of debility and exhaustion, the diet should be liberal, and wine, spirituous, or malt liquors may be supplied in many instances with much advantage. As a general rule (excepting, of course, those cases in which plethora, congestion, or vascular excitement is present), it appears to me that the diet of Lunatics should be light and nutritious, and that a moderate quantity of malt liquor may be given with a good result."

The following are the observations of Dr. Tyerman on this subject: "In the chronic stage of Insanity, a liberal and nutritious dietary appears to me clearly indicated." "Among some classes of cases, as epileptics and those in which organic mischief in



the vessels, or in the substance of the brain, exists, especially in paralysis, and others very prone to excitement, I believe that a stimulant regimen is generally not advisable, and may do harm; but the addition of beer, porter, or wine, to the diet of those particularly prone to debility, as the scrofulous, and such as are engaged in fatiguing occupations, appears desirable, and, indeed, very necessary.<sup>2</sup>

Dr. Oliver says, that in cases of Mania where watchfulness prevails, and especially where the affection is characterized by a tendency to exhaustion, he is acquainted with no means of relief so powerful as an extra allowance of food during the evening, with the addition of a glass of spirits, or a pint of ale. Warm bathing, which is so generally beneficial in the way of allaying nervous irritation, will fail in these cases to afford relief, unless the more important indications here mentioned be attended to.

Mr. Prosser mentions the use of diffusible stimulants, specifying wine and malt liquors among the most important remedies in Mania. With respect to the efficacy of an abundant diet he has recorded a fact which carries a conclusive evidence. He says, "As respects diet and regimen, much advantage has been derived by substituting a good, abundant, nutritious, and varied diet, for a poor and unvaried one. This, in conjunction with the other means, appeared to have reduced the mortality very considerably. During the first twenty-four or twenty-five years, the annual per centage of deaths was about eighteen, of late it has been about eight per cent."

Mr. Beverly says, that good plain food, the cautious use of wine and other stimulants, and malt liquors, and the least possible restraint, or confinement consistent with the Patient's safety, is the usual practice in acute Mania.

Dr. W. C. Finch finds it necessary to support the constitution by a generous and often stimulating diet; malt liquor and wine, air and exercise.

Dr. Powell recommends, in relaxed and feeble habits, the use of diffusible stimulants, such as ether, camphor, musk, opium, wine, ale, and porter.

Dr. Simpson and Mr. Metcalfe say, that purgatives and alteratives, with, occasionally, compound decoction of aloes, the mercurial pill, compound colocyath pill, generous diet, with malt liquor or wine, tonics of a warm or stimulating kind, are useful.

#### MELANCHOLIA.

#### OF THE TREATMENT OF MELANCHOLIA.

There is perhaps, less diversity of opinion as to the treatment of Melancholia than with respect to that of Mania. Most of the medical officers, who have given us an account of their practice in this form of mental disorders, seem to agree in directing their attention to the state of the alimentary canal, and the organs subservient to the digestive functions, and to be of opinion that in cases of Melancholia the primary disease is often to be sought in some derangement there seated, and that great benefit may be derived from the means which tend to correct disorders of this class. Such are the use

of purgatives, tonics, and stimulants of various descriptions. There is, however, likewise a prevalent opinion, expressed or implied, that the vascular system of the brain is in some manner oppressed and disordered in Melancholia either secondarily or primarily. Many of the remedies resorted to, seem to be prescribed on this hypothesis, and if they are really efficacious and of benefit, which may be supposed from the fact that so many judicious and experienced persons agree and persevere in their use, this must be considered as affording evidence that the hypothesis in question is well founded.

There is a greater amount of testimony for the beneficial effect of counter-irritation acting on the head in this disorder than in Mania; and even blood-letting, both general and topical, seems to have been in some instances found more useful in Melancholia than in maniacal affections.

The following passages from the replies of the medical officers are well worthy of attention.

Dr. Thurnam says, "in the earlier stages of Melancholia, bleeding from the head, by leeches or cupping is often necessary. In most cases, mild alteratives, purgatives, with warm bathing or the use of the shower bath, a liberal diet and abundant exercise in the open air, are highly beneficial. The digestive functions are often impaired, and when this is the case, bitter infusions with the alkaline carbonates, are prescribed with advantage. In cases where there is gastric pain or irritation, I have often seen benefit derived from the hydro-



cynic acid or the trisnitrate of bismuth. In young females, the uterine functions are often deranged or interfered with, and call for primary attention. In such cases, chalybeate preparations (particularly the tinct. ferri sesquichlor.) are most important, the warm aloetic aperients being at the same time prescribed. Melancholia is not unfrequently connected with conditions of general debility and exhaustion, and in such cases, a tonic, cordial, and supporting plan is often beneficially followed. Loss of sleep is often a principal cause in the development of Melancholia, and where this symptom exists, and in other cases where the disorder does not yield to other remedies, I very frequently find the preparations of opium, morphia, hyoscyamus, productive of most beneficial results.<sup>8</sup>

The Doctors Fox, of Brislington, remark that Melancholia (occurring as a distinct form of Insanity and not as a sequel of Mania, or as merely a different phasis of a mental disease, which has previously borne the type of maniacal excitement,) is the only variety of Insanity in which general bleeding has appeared to them to be useful. In such cases they open a vein. At the same time they prescribe warm aloetic purgatives and counter-irritation to the neighbourhood of the stomach, as well as warm bathing, carriage and horse exercise, and a diet consisting of animal food.

Dr. Bryan follows nearly the same principles of treatment in Melancholia. He says, blood-letting has been practised in one instance with a good result. Blisters have been applied beneficially

in some few cases. The warm bath and shower bath, and purgative medicines are also recommended, and gentle mercurial medicines; also tonics, vegetable and metallic. The sulphate of quinine and of magnesia dissolved in infusion of roses, and infusion of rhubarb and senna and gentian, are particularly recommended by Dr. Bryan.

Dr. Bryan recommends, in cases displaying no symptoms of cerebral disease, the use of metallic tonics, such as the citrate of iron, or vegetable tonics, such as infusions of gentian and cloves, with the sesquicarbonate of ammonia. When cerebral congestion is apprehended, he advises local depletion and blisters to the nape of the neck.

Mr. Casson recommends cupping to the nape of the neck; calomel and opium at night, followed by doses of castor oil or croton oil in the morning. See his observations in the Appendix.

Mr. Atkins advises the application of leeches and blisters, and the internal use of aperients, tonics, sedatives; likewise the use of warm baths, the shower bath, warm clothing, and exercise.

The same course of treatment, with the sole exception of depletion by means of leeches, is recommended by Dr. Gilliland, Sir Alexander Morison, Mr. Poynder, Mr. Bush, Mr. Beverly, Dr. T. O. Prichard, and many other experienced practitioners.

Some physicians lay more stress than others on the advantages to be derived from particular remedies. Several, for example, think that they have witnessed salutary changes brought about by the use of mercury, others by that of emetics. For instance, Dr. Button, of the Dorset Asylum, says that the occasional use of emetics lessens the necessity of local depletion by leeches and cupping.

Dr. Sutherland recommends doses of morphia, and other narcotics, in addition to the remedies suggested by the above indications; and he seems to place great reliance on the use of warm baths and mercurials. The liquor arsenicalis is recommended by Dr. Wintle. He speaks highly likewise of creosote and of the use of shower baths, which he says, tended to restore some Patients when in an apparently hopeless state of dementia brought on by masturbation.

Several of the Medical Officers place their chief reliance on stimulants of various kinds in Melancholia.

Dr. Willis recommends, after clearing the stomach and bowels by means of purgatives and emetics, the volatile tincture of guaiacum, the infusion of cascarella, and the warm bath and flesh brush, with occasional repetition of emetics, purgatives and blisters;\* Mr. Phillips, purgatives

\* Dr. Willis adds, "In corroboration of the efficacy of the tonic plan of treatment where excitement is predominant; the late Mr. Warburton told me that, previous to his acquaintance with my family, bleeding and cathartics was the practice in use in his establishment, and that many Patients died; but that



and the hydrocyanic acid, with alteratives, creosote, the tris-nitrate of bismuth and tonics, with the shower bath, warm bath, and employment; Dr. Nisbett, the hot bath, full doses of opium, diffusible stimulants, with henbane, camphor, and Hoffman's Anodyne; Dr. Kirkman, ammonia and the warm bath, and the citrate of quinine and iron; Dr. Anderson (after laxatives and alteratives), such tonics as quinine, columba and gentian, with blisters to the nape of the neck and warm baths, the shower bath, and henbane in full doses, and the Indian hemp; Dr. Oliver, aloes, with myrrh, and galbanum, with occasional doses of calomel, blue pill and colocynth. Dr. Bucknill recommends the iodide of potassium, and the use of the electro-galvanic apparatus.

All the Medical Superintendents who have entered into the nature and purport of our inquiries, are unanimous in advising as indispensable for the cure of Melancholia, a regimen calculated to promote health and vigour of body and mind, viz.: much exercise in the open air, cheerful society, abstracting the thoughts as much as possible from gloomy impressions. Some advise the use of wine and other stimulant drinks. Most are of opinion that if sleep does not follow a day spent in exercise

---

after Dr. Willis visited it professionally, similar cases recovered more quickly than others; and when my grandfather said in his examination in the House of Commons 'that he had cured nine out of ten,' he referred to cases attended with great bodily disturbance, like the case of his Royal Patient, whom he was then attending, and whom he had the happiness to restore by the very plan of treatment I have already explained."

of body, it should be procured by the use of some narcotic remedy, such as opium or henbane.

Further details, connected with many of the preceding topics, will be found in the Appendix, to which we must also refer for a statement of the opinion of the Medical Officers of Asylums on some other points, on which we have not thought it necessary to give a summary of their evidence.

#### EPILEPSY. \*OF THE TREATMENT OF EPILEPSY COMPLICATED WITH INSANITY.

Insane persons, subject to fits of Epilepsy, are generally supposed to be incurable; and there is reason to believe that, owing to the prevalence of such an impression, cases of Epilepsy, complicated with mental disorders, have been much neglected. We have not unfrequently seen during our visits to Lunatic Asylums, Patients who had been brought from Workhouses or from the cottages of their parents, where they had been many years subject to severe Epilepsy and reduced to a state bordering on fatuity, and who had been much improved in their mental and bodily condition after their admission into the Asylums. We have been informed that their paroxysms had become much diminished in frequency, and had in some instances ceased altogether, and that the mental faculties of these Patients had become much less oppressed. This has been attributed principally by the Medical Officers to the improvement in diet and the greater

opportunities for exercise in the open air, inducing a general amelioration in the physical condition. That such instances would be more numerous than they are, if cases of Epilepsy were not neglected under the supposition of their hopeless nature, cannot be doubted.

Dr. Sutherland, Physician to St. Luke's Hospital, has observed that a distinction should be drawn between Epilepsy consequent on Insanity, and those cases where Insanity supervenes on a previously existing Epilepsy. He says, that the latter disease is, according to his experience, not *incurable*. He has found several remedies of great use in these cases, viz., setons in the neck, and the metallic salts combined with aperients. The metallic salts used by this Physician in such cases are, the bichloride of mercury, nitrate of silver, sulphate of zinc, citrate and other salts of iron. Sometimes brisk purging is necessary. Dr. Sutherland thinks great attention ought to be paid to the diet, and to keeping the skin and extremities warm by sufficient clothing. He says, that the violence of paroxysms which are more acute in this than in other forms of Insanity, has been speedily relieved by the potassio-nitrate of mercury.

Dr. Sutherland is of opinion, that if this disease cannot be cured it may be relieved, and the recurrence of fits rendered less frequent. He thinks opium injurious in Epileptic cases.

Dr. Winstle has had only one instance of recovery from this complication of disorders. He thinks



that a mild and unirritating diet and attention to the secretions are important, and uses during the paroxysm, evaporating lotions to the head, and heat applied to the lower extremities.

Dr. T. O. Prichard has had three or four cases of recent Epilepsy that terminated in recovery under his cure. The treatment was designed to restore a healthy state of the digestive process, and regular and natural secretions. "In chronic cases of Epilepsy, such a system has proved beneficial in modifying the frequency and severity of the attacks." "In these, as in cases of paralysis, he is careful to avoid articles of food likely to induce dyspepsia. He uses large and frequent doses of soda, magnesia, and purgatives. He states that he has tried every remedy proposed in the works of various authors as specifics for Epilepsy, on a large scale, in the chronic cases of this disease that have been under his cure, but without success.

Dr. Thurnam practises occasional bleeding by leeches, or cupping from the head; uses mild aperients, restricted diet without stimulants, and directs his attention to the general health, and to the removal of disease in every organ that may be affected.

Sir Alexander Morison observes that, in all the cases of Epilepsy, complicated with insanity, which have been examined, *p. m.*, in the Surrey Asylum, organic changes to a greater or less extent have been found in the brain. Such cases are doubtless beyond the hope of recovery, though not of mitigation. The treatment adopted by Sir Alexander

Morison, is directed to the restoration of the general health, and, particularly, to the removal of disorders in the digestive organs. He also orders leeches occasionally to the head, as well as blisters and other counter-irritants. Preparations of silver and the oil of turpentine have been given by him with but little good effect.

Mr. Casson says, that the cases in the Hall Retreat have been in general inveterate, and he has found remedies useless. He has tried cupping, turpentine, alteratives, sulphate of zinc, but has never had a recovery in a case of Epilepsy complicated with Insanity. An incision of the scalp down to the cranium has been tried without benefit. Mr. Casson adds, that he has found this last remedy of signal use in cases of Mania produced by a blow on the head. The incision was kept open by means of peas.

Dr. Tyerman has tried shaving the head, blisters to the nape or vertex, occasional local depletion, once arteriotomy, calomel followed by purgatives, hot and cold shower baths during severe paroxysms, tonics. "Habitually nearly all the Patients of this class take a dose of aromatic mixture, containing mixtures of assafoetida and liquor ammoniæ, with great benefit."

Dr. Finch's (of Layerstock) treatment of Epileptics is similar to that of Dr. Tyerman. He uses purgatives, topical bleeding, enemata, setons and issues, and mineral tonics, and sometimes when Epileptic Lunatics are dangerous to themselves or others, temporary restraint.

Dr. Mackintosh advises similar measures. He finds the paroxysm averted or mitigated by drastic purgatives given when their approach is indicated by symptoms.

Dr. Anderson agrees with the last-named physician; and he thinks it important that Epileptics should sleep in wards where they may have immediate aid if required.

Dr. Button follows nearly the same general plan. He directs remedies to any discoverable disorder of the physical functions, and recommends a nutritive but unstimulating diet, and air and exercise.

Dr. Kirkman relies chiefly on purgatives, particularly croton oil, uses occasionally counter-irritants, and but seldom topical bleeding.

Mr. Holland uses similar remedies, and enjoins principally attention to the bowels, occupations and amusements, and shower baths.

Mr. Hes recommends a similar plan of diet and exercise, with care to keep the feet warm and the head cool. He moderates the quantity of food, and at night makes his Patients sleep with sloping "desk pillows," in order to prevent suffocation during sleep. He says that the use of turpentine has appeared beneficial.

Mr. Beverly, Mr. Smith and Dr. Bryan, agree in recommending occasional abstractions of blood by cupping, and depend particularly on the use of



purgative medicines, with great attention to diet, and to prevent disorder of the stomach and bowels.

Mr. Atkins points out the necessity of avoiding all sudden impulses or mental emotions.

There are some Medical Officers who differ from those above cited, in thinking that Epileptics require as full an allowance of food as ordinary Lunatics. Among them is Dr. Oliver, who seems to think that Epileptics require as full diet as the Insane in general. He makes an exception in regard to malt liquor. "If any class of persons in Asylums ought not to be allowed the habitual use of beer, it is, as he says, this class, though even Epileptics have sometimes so feeble a circulation as to indicate the propriety of stimulants."

Mr. Phillips is of opinion that the diet of Epileptics should be moderate and light. He approves of cupping, setons, and blisters to the nucha, and of the use of the metallic tonics; but he remarks that when, by the adoption of these means, the return of the paroxysm is protracted, they are generally more severe than when they take place in their ordinary course, and that they are sometimes followed by coma which displays more of the character of Apoplexy. This severe coma is often fatal. Mr. Phillips finds that it is removed by stimulating enemas, containing oil of turpentine with salt and gruel.

Dr. R. Davis says, that attention is paid during the paroxysms to prevent Patients from injuring themselves, by removing all pressure on the vessels,

by inserting wood or linen into the mouth and applying leeches to the head. When the fit is of long continuance, enemata of oil of turpentine are used, and sinapisms to the chest. Mercury, digitalis, and oil of turpentine, and metallic salts are given during the intervals.

Dr. Corsellis's observations are nearly to the same purport.

Dr. W. C. Finch, of Fisherton, thinks he has seen cases affected by large doses of calomel with aloetic purgatives, and oxide of silver three times a day, the sesqui-oxide of iron in full doses, setons in the neck, and cold shower baths. Dr. Finch is singular in the opinion that a full diet, malt liquor, and wine, are useful for Epileptics. He advises the means calculated to promote circulation near the skin, as warm baths, warm clothing and friction.

Dr. Bucknill recommends a wholesome and nutritious diet and regimen. He gives daily doses of compound rhubarb pill, compound decoction of aloes, croton oil, or of black draught. When the fits are severe, he prescribes a dram of oil of turpentine, with a solution of potass every fourth hour. He also applies sinapisms to the legs and feet, and takes three or four ounces of blood by cupping-glasses from the neck. He says that turpentine undoubtedly diminishes the severity and the frequency of the fits. "In young patients, the frequent application of croton oil to the scalp and the long-continued use of calomel have apparently effected cures."

OF THE TREATMENT OF THE GENERAL  
PARALYSIS OF THE INSANE.GENERAL  
PARALYSIS.

The peculiar form of disease distinguished by this name was not recognized and described till within a few years, though it must always have existed. It is now well known in all the large public Asylums, as one of the principal causes of mortality among the male Patients. It is most frequent among persons whose constitutions have been impaired by vicious courses and intemperance, and among those who have been reduced to extreme debility by want and other depressing causes. General Paralysis has been almost invariably thought to be hopeless of recovery, and its victims usually perish within two or at least three years from the commencement of the disease.

Dr. Sutherland has, however, witnessed three instances of recovery from general Paralysis. Two of these patients were treated with bichloride of mercury, the third by salines and counter-irritants. A fourth patient who was treated with tartar emetic and blisters, recovered for a short time, but suffered a relapse.

Dr. Sutherland prefers as the means of counter-irritation, "flying blisters" to setons. He sometimes uses the tinct. lythæ, but says it is apt to create excitement.

Most of the Medical Officers who have had great



experience in the treatment of general Paralysis, recommend, especially in the early stages, the use of all those means which are generally adopted with the intent of reducing too great vascular fulness in the head. They advise shaving the head, the application of leeches to the head or neck, cupping-glasses to the neck, repeated blisters on the head or neck, setons in the neck, and the use of mercury and purgative medicines. This plan of treatment is recommended and followed by Sir Alexander Morison, Dr. Thurnam, Dr. Tyerman, Dr. Button, Mr. Casson, Dr. Huxley, Dr. Bryan, Dr. Finch, of Laverstock, and Dr. W. C. Finch, of Fisherton. The particular methods which these Physicians severally adopt may be seen in the Appendix.

Patients labouring under general Paralysis are well known to be liable to paroxysms which resemble epileptic fits, and which often terminate fatally. In these instances, recourse is generally had to topical bleeding by cupping-glasses.

In the later stages of general Paralysis, there is not only a loss of the powers of animal life, locomotion, articulation, and of command over the sphincters, but the tone of the blood vessels and the vitality of the solid parts are greatly reduced, a great tendency to sloughing, especially over the sacrum, exists, and extensive ulcerations further undermine the strength, and tend to bring on dissolution. To obviate these evils in some degree care is requisite. The use of hydrostatic beds is often resorted to, and this is

particularly recommended by Dr. Anderson\* and other Medical officers of Asylums. We have seen these beds frequently in use in our visits to Asylums.

Dr. Bryan recommends local abstraction of blood with counter-irritants, and external warmth; internally, mercury as an alterative, and more particularly the iodide of potassium, with vegetable tonics. From these remedies he has witnessed great benefit to arise.

Mr. Phillips, Dr. Robinson, and Dr. Nesbitt observe that as the powers of life are always feeble in this disease, the Patients require a nourishing and sometimes even a stimulating diet. Of this loss of tone, the tendency to sloughing which exists in general Paralysis is a sufficient proof. The disease seems often to be mitigated by means which promote the general vigour of the body.

Restlessness and excitement which come on in the evening and often continue during the night in this disease, are relieved by Mr. Phillips, by doses of the extract of henbane, which he thinks much better in such cases than opiates.

Dr. Finch of Fisherton, recommends purgatives, mercurials, strychnia, external means of promoting

---

\* In the Bethnal Green Asylum, a substitute for the hydrostatic bed has long been used with great advantage by Mr. Phillips, a description of which will be found in the Appendix.

the circulation ; also a generous diet with diffusible stimuli.\*

MORAL  
TREATMENT.

MORAL TREATMENT OF LUNATICS.

The moral treatment of Insanity, was not one of the subjects included in the heads of inquiry sent by us to the Superintendents of Lunatic Asylums. We have, however, obtained information on the several particulars connected with this subject by other means, principally during our personal visits of inspection to the different establishments. An account of the moral treatment pursued in each Asylum involves a multitude of particulars, connected with the general system of its management, which it is impossible to detail fully in this Report. They constitute, however, so important a part of the resources which are available for the cure or relief of Insanity, that the subject must not be passed over without some general observations.

---

\* The following observations from the Report of the Dundee Asylum, afford confirmation of some of the preceding remarks.

Some of the patients labouring under general Paralysis, who for the most part are very voracious, present very painful cases; for although the utmost attention is paid to the state of their skin and bowels, and the nature of their regimen, &c. they groan and scream a great deal, and yet are quite unable to tell what is the matter with them. In such cases, we have frequently found that small and repeated cuppiings on the occiput and the nape of the neck, where the patient could bear this loss, were attended with good effects. Rubbing the head or spine with croton oil, and cantharides liniment, or mercuric ointment, has also proved to be beneficial in many cases.



Some of the replies from the Medical Officers of Asylums, contain incidental remarks on moral treatment, which are worthy of attentive consideration. We cite the following passages from the replies sent by Doctors F. and C. Fox of Brislington House. "We have found it impossible to comprise under any of the foregoing heads, a large proportion of the cases which have been in this Asylum, or to describe any uniform mode of treatment as applicable to the cases in either of the divisions. In those cases of moral perversion which occur without the existence of any delusion, we have seen much benefit derived from the system adopted in our Asylum. In this form of Insanity we have generally discovered a propensity to excess in diet, and to intoxication, or to the indulgence of lascivious habits, and we have found a spare diet, cold bathing, saline purgatives, early rising and active exercise, with a prolonged separation from the scenes and habits of former excitement, most useful to such Patients. We believe that such a system can only be enforced in an Asylum, and that moral treatment and the services of a Chaplain are of much importance in these cases."

These remarks are applicable to several other classes of Lunatics besides those which are especially referred to by Drs. F. and C. Fox, and not merely to cases of mental unsoundness in which the disorder displays itself in the disposition, conduct, and habits, without any discoverable delusion or affection of the reasoning faculties. It is well known that many patients who labour under particular delusions, and others who have partially recovered from

Mania, and are still unfit to be discharged from confinement, are found to be susceptible of the influence of motives and of causes which operate upon the mental feelings. They are, therefore, proper subjects of moral treatment. The remarks above cited are fully applicable to patients of these classes, who form altogether a large proportion among the inmates of almost every Lunatic Asylum. There are, in fact, no Insane Persons, except perhaps those in whom scarcely a glimmering of reason or intellect remains, whose cases do not require attention to moral treatment, and who are not susceptible of greater or less improvement from it.

The Moral Treatment of Insanity comprehends all those means which, by operating on the feelings and habits, exert a salutary influence, and tend to restore them to a sound and natural state. A great many particulars, as we have observed, are comprehended under this head; and we can only notice in a brief and cursory manner, in this place, the principal points in regard to which the different Asylums have been improved, or still require amelioration.

One important particular connected with moral treatment has been already adverted to in this report. We allude to the methods adopted for restraining the violence of excited Patients, and preventing the injurious consequences which would otherwise arise to themselves or others. We have endeavoured to show how far the Commissioners have been enabled to induce the substitution of mild and gentle treatment in place of the old

method of mechanical coercion. In several of the County Asylums and Hospitals, the adoption of a more gentle method of management was originally designed, in the erection of these establishments, and was the result of public opinion, and of the example set by the managers of the Retreat near York.\* But in many of the private Asylums, and more especially in those which receive great numbers of Pauper Patients, much mechanical coercion was practised, until it came to be in great measure laid aside in consequence of the repeated advice and interference of the Commissioners. Private Licensed Houses have been hitherto, in many instances, imperfectly provided with the means of classification, and of separating the turbulent and refractory Patients from the quiet and convalescent; and in these establishments, it has been thought impracticable to avoid the occasional use of mechanical coercion without incurring the risk of serious accidents. Under these circumstances, restraint of a mild kind is still practised; but we look forward to its abolition, except perhaps in some extraordinary cases, so far

---

\* A strong impression was made on the feelings and opinion of the public in reference to the treatment of Lunatics, by the publication of Mr. Tuke's account of the Retreat at York. The able writings of Dr. Conolly have of late years contributed greatly to strengthen that impression, and to bring about a much more humane treatment of Lunatics in many provincial Asylums than that which formerly prevailed. But the Report of the Metropolitan Commissioners of 1844 affords proof that this amelioration had not extended itself to all Establishments for the Insane, and that much severe and needless restraint continued to be practised in numerous private, and in some public Asylums.



as Pauper Patients are concerned, when the provisions of the Act for the establishment of County Asylums shall have been carried into effect. In the best conducted County Asylums, it is now seldom (and in a few Establishments never) resorted to. In many of them, the application of any method of bodily coercion by mechanical means is so seldom practised, that the disuse may be considered as equivalent to a total abolition. It is observed, in the Report of the Medical Officer of the Lancaster County Lunatic Asylum for 1845, that "among the most important changes introduced, has been that of a gradual diminution of the use of instruments of restraint. During the last four years and a half only one Patient has been so treated, and that merely for the space of five hours." This is the more remarkable, as the Asylum is crowded, and want of space has been a frequent subject of complaint. The average number has been lately above six hundred patients. The Reports of the Commissioners show that tranquillity and orderly conduct are remarkable in this establishment, notwithstanding the abolition of restraint, and it appears that no case of suicide has occurred for several years, though the propensity has been indicated, as elsewhere, in great numbers of the inmates. It is the general testimony of all persons connected with County Asylums, that whenever the use of mechanical restraint has been laid aside, a proportional improvement has been witnessed in the conduct and moral condition of the Patients, and in the tranquillity and comfort of whole establishments. We have often seen Patients, who had been ten or even twenty years subjected to almost perpetual

restraint under the plea that their insupportable violence rendered it necessary to keep them in bonds, walking about without any such confinement in the wards or airing-grounds of an Asylum, perfectly tranquil and harmless among the other inmates. In the County Asylums, and in many of the Licensed Houses, mechanical coercion is no longer regarded as affording the only method or the most effectual resource for reducing maniacal excitement. Violent maniacs are generally placed for a time in solitary rooms or closets; and it has been generally found that their excitement subsides much more quickly under such seclusion than when they are confined by strait waistcoats. It is chiefly in the cases of Patients who pertinaciously attempt to injure their own bodies by tearing or biting their flesh, scratching out their eyes, &c., and sometimes with the view to prevent indecent and disgusting practices, that mechanical means of coercion are still occasionally adopted. But their adoption is not sanctioned, except when it seems, for similar reasons, imperatively required, and under such circumstances, only for a limited period.

There is nothing more important in the moral treatment of the Insane than the proper use of means which contribute to their employment, both mental and bodily, and tend to withdraw their attention from thoughts and feelings connected with their disordered state. The provision made for the attainment of these objects in the different Asylums is invariably matter of inquiry at the visitations made by us to these houses.

We have only to remark that the effect of

providing occupation and amusement for Lunatics has been found by uniform experience to be most salutary and beneficial. Employment in agricultural labour and in gardening, and recreation in the open air, are most advantageous, as they tend not only to occupy the mind but to improve the bodily strength and promote a healthy state of the natural functions. The employment of artisans in workshops of various descriptions, although productive of great benefit, has not all these advantages, and is only resorted to as a supplement to out-door occupation. In some few Asylums attempts have been made to set up classes to improve and excite the mental faculties of idiots and imbeciles, but in\* English Asylums this has not been carried so far as we hope will hereafter be the case, when individuals of this description shall have been separated from Lunatics, properly so termed, and lodged in more appropriate receptacles than those which they now occupy.†

\* In France and in Switzerland much more has been done for the improvement of imbeciles and idiots, and the writings of MM. Seguin and Guggenbuhl, prove that the condition of these unfortunate beings is susceptible of great amelioration which they cannot obtain while mixed with Lunatics as they are in our English Asylums.

† Schools are found even for some classes of Lunatics, and especially for those who are approaching convalescence, to afford a beneficial means of promoting moral control and discipline, and general order. In the late Report of the Lancaster Asylum it is observed, that "exclusive of day schools for the idiotic, an evening class for reading, writing, and arithmetic has been established in each ward, under the superintendence of the matron and chief attendant, with such assistance as the ordinary attendants can bestow, aided in many cases by the better educated portion of the Patients. A great number of the in-



Much benefit is obtained in Lunatic Asylums by means calculated to amuse Patients within doors, by supplying them with books and newspapers, light periodical publications, and some musical instruments. This is done in many Asylums, and whenever we notice any deficiency in this particular, we make a point of calling the attention of the Medical Officers to the subject.

The light and airy aspect of an Asylum, with the absence of walls higher than is necessary for security, tends to promote cheerfulness among the Patients, and is therefore favourable to recovery.

In many private Asylums, where the Patients were formerly shut up in cheerless yards, we have insisted on alterations in the buildings, and the admission of the inmates to airing grounds, which afford better opportunities of exercise. We must, however, observe that great defects exist in this particular in several private Asylums receiving Paupers, where we have not been able to induce the Proprietors to make such alterations as we have wished, and where the Pauper Patients are too much confined. This is even the case in some public Asylums, as in those of Bristol and Haverfordwest.

---

nurses take a lively interest in the proceedings, and, in many, a marked improvement is observable. The day schools are conducted on somewhat the same principle as that adopted in Infant Schools, and it is most gratifying to observe the favourable impression produced even on the idiotic mind by well-directed and persevering efforts, where to the casual observer, all prospect of educational benefit would appear to be utterly hopeless."

The Classification of Patients, the separation of those whose presence would be mutually injurious, and the bringing together of such as are likely to associate with mutual advantage, is another point of great importance. Improvements have been made from time to time in this particular, and the principles on which the classification of the Insane ought to be regulated are now much better understood than they heretofore were. The Asylum of Lancaster has been generally looked upon by us as affording one of the best specimens of proper classification.

The regulation for the employment of a Clergyman, and the performance of the duties of a Chaplain in Lunatic Asylums, afford means of great importance for improving the comfort and promoting the recovery of Lunatics. At the Northampton Asylum there is a resident chaplain, who has unlimited access to the wards, and daily reads prayers, forming part of the church service, to a considerable portion of the inmates. We have been assured that the result has been highly beneficial. It is quite obvious that great discretion is called for in such an appointment, and that an incautious or fanatical person might occasion great mischief, but a sensible and judicious Clergyman would find many opportunities of tranquillizing the minds of those over whom his sacred office gives him more or less influence; and, independently of other considerations, the regular attendance of Patients on religious services has the effect of inducing habits of composure, and efforts to preserve self-command, which must have a salutary tendency, and we have received repeated testimony that such has been the result.

The principle of treatment adverted to in the last division of these remarks, (comprising what is termed the Moral Treatment of Insanity,) is important in two different points of view; in the first place, as furnishing a great part of the resources available for the cure of mental diseases, when the circumstances are such as to hold out a hope of recovery; and, secondly, as promising materially to lessen the sufferings and increase the comfort of incurable Patients. In this last respect it is of greater moment than any medicinal remedies. As a means of cure it ought never to be lost sight of. But there is reason to apprehend that the attention of medical men has been of late years too exclusively devoted to what is termed Moral Treatment, to the neglect, in some instances, of the resources of medicine. They appear occasionally to have lost sight of the fact that Insanity never exists without a physical cause, namely, some disturbance of the functions of the brain; disorders of the mind being only the result of some temporary or permanent derangement of the organism, by means of which all mental operations are carried on; whence it seems to follow that physical agents ought to be resorted to in the first instance, as the means of restoring the healthy and natural state. From the replies, indeed, which many of the Medical Officers of Asylums have given to the questions submitted to them by us, it may be perceived that the fact to which we have just adverted, has operated upon their minds, though there appears to be some variety in the methods in which they have acted under its suggestions. The conviction with which most of them seem to have been



impressed is, that the disturbed state of the brain, which is the proximate cause of Insanity in its various forms, is, in most instances, the result of disorder in some other part or function of the body, or of some serious derangement in the general state of health; and that the principal resources available for the cure of the cerebral affection consist of measures calculated to remove the original disorder of the physical or bodily functions, and to restore the health of the constitution in general. Hence the general recommendation of means likely to promote vigour of the body, such as exercise in the open air, ample diet, the careful administration of stimulants and tonics, bathing, warm clothing, and healthful recreations. Experience, as we might collect from the replies which we have received, if no other means of information existed, has fully confirmed the truth of this fundamental principle. It may, indeed, be observed that, in general, the number of recoveries from Insanity is found to be in proportion to the degrees in which the curative resources above alluded to have been employed. Under the old system of keeping Patients bound hand and foot, in cells often dark, noisome, and disgusting, and feeding them with coarse and unwholesome diet, the result was an accumulation of chronic cases, and a frightful aggravation of human misery. The present humane method of treating the Insane, and the provision made, at the public cost, for Pauper Lunatics, of Asylums furnished with every resource for promoting health and comfort, exhibit, in a striking point of view, the intelligence of the age; and while they promise to diminish the numbers of the permanently Insane, cannot fail to

alleviate, in a great degree, the sufferings of that most afflicted class of human beings.

Lucy Channing

Seymour

A. Venable Smith

Bond

J. Barlow

J. Turner

J. R. Sumner

J. C. Richard

B. W. Procter

J. W. Myer

W. Campbell

R. M. Llewellyn

Seay





APPENDICES



## APPENDIX (A).

### TO THE POOR LAW COMMISSIONERS FOR ENGLAND AND WALES.

By the 111th section of the 8 & 9 Vict. c. 100, Provisions of  
8 & 9 Vict.  
c. 100, s. 111. entitled, "An Act for the Regulation of the Care and Treatment of Lunatics," being the statute by which the Commissioners in Lunacy are constituted, and their duties prescribed and regulated, it is enacted that "two or more of the Commissioners, one at least of whom shall be a Physician or Surgeon, and one at least a Barrister, shall and may, once or oftener in each year, on such day or days, and for such length of time as they shall think fit, visit every Parish and Union Workhouse in which there shall be or (be) alleged to be any Lunatic, and shall inquire whether the provisions of the law as to Lunatics have been carried out as to the arrangements, condition, and management of such Workhouse, and as to the dietary, accommodation and treatment of the Lunatics in such Workhouse, and shall report in writing thereon to the Poor Law Commissioners for England and Wales."

In pursuance of that enactment, the Commissioners in Lunacy have agreed upon and now present the following Report:—



Mode of affecting the objects of the Legislature as expressed in this section.

THE Act for the regulation of the care and treatment of Lunatics having received the royal assent and come into operation on the 4th of August, 1845, it shortly afterwards became a matter of careful deliberation with the Commissioners in Lunacy in what manner the objects of the legislature, as expressed in the 111th section (above set forth), relative to Lunatics in Workhouses, might be most beneficially carried into effect.

Number and descriptions of Workhouses to be visited under it.

It appeared, on inquiry, that the number of Unions within England and Wales, formed under the provisions of the 4 & 5 Wm. 4, c. 76 (commonly called the Poor Law Amendment Act), or acting under the rules, and recognising the authority of the Poor Law Commissioners, was 596; that twenty-one of these (ten of which were in England and eleven in Wales) were without Workhouses; while on the other hand a considerable number of them had more than one Workhouse, so that the total number of Workhouses subject to the direct jurisdiction of the Poor Law Commissioners, amounted to 658 or thereabouts; and that there were moreover thirty-two towns or districts managing their Poor by means of Boards of Guardians or Directors chosen and incorporated under local Acts, and each having a separate Workhouse of its own. It further appeared that, in addition to these Unions and Incorporations (which comprised together, according to the census of 1841, an aggregate population of 16,576,544) there were seventeen places or districts administering the affairs of their Poor, under what is called Gilbert's Act, each having a separate Workhouse (or Poor-house); and that there were

also a considerable number of other Parishes and Townships (in the whole upwards of two hundred, lying principally in the County of York,) which did not belong to any Union or Incorporation for the relief of the Poor, and which, together with the Gilbert's Unions, comprised a population, according to the same census, of 330,197. Many of these single Parishes, not in Union, or incorporated, were known to have Workhouses in which they maintained their infirm and disabled Poor; although the Commissioners did not possess, and have had very imperfect means of obtaining correct information with respect to the number, extent, and local situation of such Workhouses. If, however, it be assumed, that of the two hundred Parishes and Townships of this class, forty-three have distinct Workhouses or Poor-houses (which is probably not too high an estimate), the total number of separate places which, under the provisions of the 11th section, the Commissioners in Lunacy might be called upon to visit, with a view to ascertaining the condition of any Lunatics detained therein, would be not less than 750.\* And when it is recollected that these Workhouses are scattered over every part of the Kingdom; that a large proportion of them are in remote and not always very accessible places; that, as there was good reason to suppose, and as the event has proved, they, almost without exception, contained one or more persons who were

\* These numbers are chiefly taken from the Returns which have been prepared in the office of the Poor Law Commission in the years 1845 and 1846, and have been printed by order of the House of Commons, and partly also from *Sanct Union Officer's Manual* for the same years.

or were alleged to be Lunatics, in the large sense of that term which is given by the interpretation clause (sec. 114)—it will excite little surprise that the Commissioners, feeling the impossibility of visiting and examining into the condition of the Lunatic Poor in all these Workhouses in the course of a single year, in addition to their more immediate and urgent duties with respect to the visitation and care of Lunatics, confined as such under Medical Certificates, were compelled to avail themselves of the doubtful language of the 111th section, in which the words “shall and may” have been construed to leave a discretion in this respect, and resolved to distribute the visitation of the Workhouses over a longer period than a year.

Course of  
visitation  
considered.

The next point to be settled was the selection of the Workhouses for early visitation, and the order in which they were to be visited. To assist us in deciding this question, it became material to lay down some general principle as to the class of persons who were to be considered as coming under the denomination of “Lunatics” in Workhouses, and to ascertain, as far as possible, the probable number of persons of that class who were kept in each; and it was further to be determined, with reference to the same object, what was the specific nature of the inquiries to be made by the Commissioners on their visits, the language of the 111th section, where it speaks of their inquiring whether “the provisions of the law as to Lunatics have been carried out as to the arrangements, visitation, and management” of Parish and Union Workhouses, being somewhat ambiguous and obscure.



With respect to the persons properly coming within the meaning of the term Lunatic as used in this 111th section, the Commissioners were of opinion, having regard not only to the definition given in the interpretation clause, but to the general spirit of the statute, that the term was to be construed in its largest sense, as applying to all persons kept in Workhouses, who, by reason of deficiency, infirmity, derangement, or other unsoundness of mind (whatever form it might assume, and whether they were violent, or harmless, curable or incurable), were not deemed competent to take care of themselves, or proper to be left entirely under their own guidance and control, without supervision of any kind; and of course as including all those who, in consequence of their mental condition, stood practically on a different footing, in respect to their personal liberty, from the ordinary paupers in a Workhouse, and were not allowed to quit the house at their own sole discretion, upon an ordinary notice to the Master.

Meaning of the term "Lunatic," as used in section 111.

This definition, it will at once be perceived, has a very comprehensive range. But the various classes of persons whom it may properly include, will be more conveniently stated and considered in detail hereafter.

With respect to the numbers of the persons who came within the description of Lunatics in Workhouses in the sense already explained, and for whose visitation and care the 111th section was apparently intended to provide, the Commissioners possessed no information beyond what was to be

Numbers of the Lunatics in Workhouses to whom the section was intended to apply.

collected from the returns annually made to the office of the Poor Law Commission, in pursuance of the 5 & 6 Vict. c. 57, abstracts of which, prepared in that office, have been for several years past, laid before Parliament, and printed by order of the House of Commons.

Numbers in  
August, 1844,  
as shown by  
the Parlia-  
mentary Re-  
turn of 1845.

From one of those abstracts (that for the year 1845, which is entitled "A Return of the number of Pauper Lunatics and Idiots chargeable to each of the Unions in England and Wales, and also to those places under Local Acts, &c."), it appeared that in the month of August, 1844, the total number of Lunatics and Idiots kept in the Union Workhouses of England and Wales, was 4171; and that there were at the same period in the Workhouses of places under Local Acts, 509 Lunatics and Idiots. If to these be added one-fourth of the number of Lunatic and Idiot Paupers, who are estimated to belong to other places not in Unions, or under Local Acts, as being the proportion that is probably maintained in the Workhouses of such places, an aggregate will be obtained of 4785 persons at that time maintained at the expense of the public in Workhouses, under the description of Lunatic and Idiot paupers.

From the same abstract it appeared that the numbers of Lunatics and Idiots varied very considerably in the different Workhouses—ranging in the majority of cases between five and fifteen, in some rising as high as forty or fifty, or even more; in many falling as low as three or four, and in not a few the return being *nil*.

Upon considering these facts, the Commissioners came to the conclusion that it would be advisable to visit first all those Workhouses which were represented by the returns to contain ten or more Lunatics and Idiots, together with such other Workhouses, though containing less than that number, as happened to lie in or near their ordinary route while making their periodical visitations to Asylums and Licensed Houses, and such others also as might, from circumstances coming incidentally to their knowledge, seem to call specially for early or immediate inspection.

Plan of visitation arranged.

What exactly was meant by the inquiries enumerated in the 111th section with respect to the provisions of the law as to Lunatics having been carried out as to the arrangements, visitation, and management of Parish and Union Workhouses, and as to the dietary, accommodation, and treatment of the Lunatics in such Workhouses, was not altogether clear. The 45th section of the 4 & 5 Will. 4, c. 76, (the Poor Law Amendment Act) declares that nothing in that Act contained "shall authorize the detention in any Workhouse of any dangerous Lunatic, Insane person, or Idiot for any longer period than fourteen days; and every person wilfully detaining in any Workhouse any such Lunatic, Insane person, or Idiot, for more than fourteen days shall be deemed guilty of a misdemeanour." According to the opinion of the Law Officers of the Crown, given upon a case laid before them, in consequence of a doubt which had been suggested upon the point, the words, "dangerous Lunatic, Insane Person, or Idiot," occurring

Considerations of the inquiries directed by section 111.

Provisions of the Law as to Lunatics in Workhouses. 4 & 5 Will. 4, c. 76, s. 45.



in the clause, are to be read as if the epithet dangerous were repeated before the words "Insane person and idiot" respectively.\* And the obliga-

In the letter of the Poor Law Commissioners, explaining their General Workhouse Rules issued in 1842, the following observations occur with reference to the 13th article of those rules.

"Inasmuch as there are not in a Workhouse the proper conveniences for the detention of dangerous Lunatics, it is desirable that any dangerous Lunatic who may be temporarily deposited in one, should not be detained there during a longer time than is necessary for taking the steps preparatory to his removal to a county Lunatic Asylum, or Licensed house, under the 9th (Geo. 4, c. 49), or the 2 & 3 Will. 4, c. 107.

"From the express prohibition of the detention of dangerous persons of unsound mind in a Workhouse, contained in the clause just cited [2 & 3 Will. 4, c. 70, s. 45], coupled with the prevalent practice of keeping Insane persons in Workhouses before the passing of the Poor Law Amendment Act, it may be inferred that persons of unsound mind, not being dangerous, may be legally kept in a Workhouse. It must, however, be remembered that with Lunatics, the first object ought to be their cure, by means of proper medical treatment. This can only be obtained in a well-regulated Asylum; and, therefore, the detention of any curable Lunatic in a Workhouse is highly objectionable on the score both of humanity and economy. The Commissioners indeed believe that most of the persons of unsound mind detained in Workhouses are incurable, harmless Idiots. But although the detention of persons of this description in a Workhouse does not appear to be liable to objection on the ground of illegality, or of defective medical treatment, they nevertheless think that the practice is often attended with serious inconveniences, and they are desirous of impressing upon the Guardians the necessity of the utmost caution and vigilance in the management of any persons of this class who may be in the Workhouse. At the same time the Commissioners are aware that the imperfect manner in which the provisions of the County Asylum Act have been carried into effect, as well as the present state of the law in other respects, produces great difficulties in the treatment of the Insane poor by the Guardians."—8th Report of the Poor Law Commissioners, p. 111.

tion to remove from the Workhouses all persons answering that description, it is conceived equally attached, whether the danger to be apprehended from them was danger to themselves or to others. But the legality of receiving and detaining in Workhouses persons of unsound mind, who were not dangerous to themselves or others, for a period exceeding fourteen days, appeared to be left as it had stood before upon the old law; and, although the terms of the 42nd clause of the 8 & 9 Vict. c. 100, declaring that it should "not be lawful for any person to receive two or more Lunatics into any house other than an Asylum, registered Hospital, or Licensed house," were large enough to include a Workhouse, the context and subsequent provisions of that statute, and more especially the 11th clause itself, which plainly contemplated the keeping of Lunatics in Workhouses, and prescribed certain visitations and inquiries with a view to their comfort and supervision therein, were inconsistent with such a construction. With the exception already noted, therefore, there did not exist, at the time when the Act for the regulation of the care and treatment of Lunatics was passed, any provisions of the law with respect to the arrangements, visitation, and management of Workhouses especially applicable to the Lunatic inmates, or their dietary, accommodation and treatment there.

8 & 9 Vict.  
c. 100, s. 42.

The 8 & 9 Vict. c. 126, however, which was passed a few days afterwards, and of which the chief purpose was to amend the laws for providing and regulating County Asylums, and for the maintenance and care of Pauper Lunatics, contained

Enactment of  
8 & 9 Vict.  
c. 126, bearing  
on this  
subject.

some further enactments which were particularly directed to the case of Lunatics in Workhouses.

8 & 9 Vict.  
c. 126, s. 47.

The 47th section of that statute (re-enacting, with a slight alteration as to the period, the provisions of the 5 & 6 Vict. c. 57, s. 6) required that the Clerks of Boards of Guardians, and the Overseers of Parishes not under a Board of Guardians, should on the 1st of January in each year, make out and sign a true list of all Lunatics chargeable to the Parish or Union; and should, on or before the 1st of February following, transmit copies thereof to the Clerk of the Peace (or of the Justices in a Borough), to the Commissioners in Lunacy, and to the Poor Law Commissioners respectively. And in Schedule D to the Act annexed, a form is prescribed for this annual Return, in which a column is purposely given for the names of such Lunatics as are kept in the Workhouse.

8 & 9 Vict.  
c. 126, s. 55.

By the 55th section of the same statute, it is enacted, that every chargeable Pauper Lunatic who shall not be in an Asylum, registered Hospital, or Licensed House, shall be visited once in every three months by the Medical Officer of the Parish or Union to which the Pauper belongs, and that a list of all such Lunatics, in a certain form (Schedule F), and stating whether any such Lunatic is or is not, in the opinion of the Medical Officer, fit to be at large and is properly taken care of, shall be prepared, and signed, and sent by such Medical Officer to the Clerk of the Peace of the County or Borough, to the Visitors of the County Asylum, and to the Commissioners in Lunacy; and it is by the same section provided, that after an Asylum shall be



established for any County or Borough, under the provisions of the Act, "no Pauper who shall have *late*ly become lunatic, shall be received, lodged, or detained in any house or place other than a County or Borough Lunatic Asylum, or a Public Hospital, or Licensed House, for a longer period than shall be requisite for obtaining an order for his removal to such Asylum."

By the 48th section, it is in substance enacted, 8 & 9 Vict.  
c. 136, s. 48.  
that the Medical Officer of every Parish and Union who shall have knowledge that any person chargeable to the Parish, or to any Parish within the Union, is, or is to be deemed a Lunatic, shall, within three days, give notice thereof in writing to the Overseers of the Parish, or to the Relieving Officer of the Union, and such Overseer or Relieving Officer shall, within three days thereafter, notify the fact to some Justice of the County or Borough, who shall thereupon make an order requiring the Overseer or Relieving Officer, within three days, to bring the person alleged to be lunatic, before him or some other Justice, and shall then call to his assistance a Physician, Surgeon, or Apothecary, and examine such person; and if, upon view or personal examination, or from other proof, such Justice shall be satisfied that the person is lunatic, and the Physician, Surgeon, or Apothecary, not being the Medical Officer of the Union or Parish, shall sign a certificate according to the form in Schedule E, No. 1, to the Act annexed, that the person is a Lunatic, Idiot, or Insane person, or a person of unsound mind, such Justice shall, by an order under his hand, in the form therein prescribed, "direct such person to be received into the Asylum of the

County or Borough in which such Parish is situate, or if there be no such Asylum, or such Asylum be full, then into some House duly licensed, or some Hospital registered for the reception of Lunatics, and such Overseer or Relieving Officer shall immediately convey, or cause the said Lunatic to be conveyed, to such Asylum, House, or Hospital, and such Lunatic shall be received and confined therein.\*

Effect and  
construction  
of these  
enactments  
considered.

This clause taken by itself and without reference to the context, would seem to put an end to the possibility, in any case, of Pauper Lunatics, however harmless or incurable, being kept either in Workhouses, or with their friends; and if so, would have limited the duty imposed on the Commissioners in Lunacy by the 11th Section of the 8 & 9 Vict. c. 100, to seeing that the Medical Officers of the different Workhouses, and the Overseers and Relieving Officers connected with them, promptly took the proper steps prescribed by the clause, for procuring the transfer of all such persons to Lunatic Asylums.\*

---

\* The clause in question was considered by many Magistrates and Guardians, directly to prohibit the detention of any chargeable Pauper Lunatics, either as inmates of Workhouses, or in the houses of relatives or friends, and to render their removal to a Lunatic Asylum imperative. In accordance with that construction, a large number of harmless Lunatics and Idiots, whose cases in general were inveterate and hopeless, were, shortly after the passing of the statute, transferred from the Workhouses or the houses of relatives, with whom they had been lodged by their parishes, to the County Asylum or to some registered Hospital or Licensed House. One unfortunate consequence of this proceeding was, that the whole of the spare room and accommodations in these Establishments very speedily

But such a construction, while it would have led to much practical inconvenience, was not easy to be reconciled with other parts of the same statute—more especially with the enactments of the 47th and 55th sections and the corresponding Schedules, already adverted to, which seemed distinctly to contemplate the case of chargeable Pauper Lunatics being received and remaining in Workhouses or other places, not being County Asylums, registered

---

became filled by an accumulation of chronic and incurable cases, to the subsequent exclusion of such as, being of recent date, might have had a fair prospect of recovery through the timely application of curative treatment; while the relief thus afforded to the Workhouses was temporary only, and comparatively inconsiderable, the number of such cases being found greatly to exceed any amount of accommodation which could be procured for them in Lunatic Asylums. Another evil was, that the supposed stringency of the new law determined many Lunatics to be suddenly transferred from the Workhouses to Asylums and Licensed Houses, at a time when their physical debility rendered them unequal to the fatigue and excitement of the removal; and in such cases the change not infrequently proved fatal. In the result it became necessary for the legislature to interfere; and accordingly the 9 & 10 Vict. c. 84, was passed, the first section of which removed all further doubt on the subject, by declaring, in effect, that the granting of the order for the reception of a Pauper Lunatic into an Asylum, registered Hospital, or Licensed House, should be discretionary with the party empowered to grant such order, who was required before signing it, to satisfy himself of the propriety of confining the Lunatic in a Lunatic Asylum; unless a certificate that such Lunatic was a proper person to be so confined (according to the form No. 1, Schedule E, of the 8 & 9 Vict. c. 126,) was signed by the Medical Officer of the Parish or Union, as well as by an independent Medical Practitioner; in which case only, the discretion was taken away, and the issuing of the order for the reception of the Lunatic into an Asylum was made compulsory.



Hospitals, or Licensed Houses, without any breach of the law: provided the Medical Officer of the Parish or Union would, after personal examination, declare that they were properly taken care of, and were "fit to be at large." It should be observed, moreover, with reference to the 48th clause, that the opinion of the Medical Practitioner, that the person examined is "a Lunatic, Idiot, or Insane person, or a person of unsound mind," which is to be the ground of the certificate and order authorizing the reception and detention in an Asylum, is materially qualified in the form of certificate set forth in the Schedule, by the addition of the words "*and a proper person to be confined*"—meaning (it is presumed) proper to be confined as a patient in a Lunatic Asylum, registered Hospital, or Licensed House, the only species of confinement which the law has recognized in such a case. The circumstances seemed fairly to warrant an inference, that the legislature was aware there might well be chargeable persons, who though Lunatics, Idiots, or of unsound mind, were not proper to be confined, and that as to them therefore, the declaration of the Medical Officer of their Parish or Union in the quarterly list to be returned under the 55th clause, that they were "fit to be at large," was purposely introduced.<sup>3</sup>

Meaning of the expressions "fit to be at large" and "proper to be confined."

A doubt has been entertained with respect to the meaning of the words "fit to be at large," which occur in the 55th clause and the corresponding schedule, and which are certainly rather vague. The most natural and reasonable construction seems to be that they import and are intended to express an idea, which is the opposite and converse of that conveyed by the words "a proper person to be confined" introduced in the form of the certificate (Sched. B. No. 1); and that the two expressions

The foregoing appeared to be the only provisions of the law to which the enactments of the 111th clause of the 8 & 9 Viet. c. 100, could by possibility be considered to apply. But we conceived that we should not be overstepping the line of our duty if, while engaged in visiting Workhouses in pursuance of the directions of that clause, we extended our inquiries to whatever could have any material bearing on the treatment, condition, and physical comfort of the Lunatic inmates.

Having settled these preliminary matters, we lost no time in carrying into execution the plan of visitation which had been thus arranged. Between the 4th of August, 1845, and the 4th of August, 1846, being the first twelve months after our appointment, we visited and inspected 340 Workhouses; and in the following six months, ending the 4th of February, 1847, we visited and inspected

Number and  
particulars of  
Workhouses  
visited by  
Commissioners  
in January  
between 4th  
August, 1846,  
and February  
4, 1847.

"confined" and "at large" are used co-extensively and in contrastive distinction to each other, the one to denote confinement in the mode authorized by the law, and the other, a state of freedom from such confinement. If, however, this construction be erroneous, and if, as some have supposed, the true meaning be "fit to enjoy absolute personal liberty," the cases to which the words are applicable must be extremely rare, and in practice may be said not to exist. We shall have occasion hereafter to observe, that although of the 6000 Lunatics and upwards, who are now kept in the Union and Parish Workhouses, not more than a few hundred—probably not a tenth of the whole, are proper persons to be confined, in the narrow and technical sense of the term, that is to say, as patients in a Lunatic Asylum, an infinitely smaller proportion of these are fit to be left entirely at large; and that in fact, with scarcely an exception, the personal liberty of all of them is very materially restricted and curtailed. See the note, p. 278, *infra*.

Tabular List  
of these  
Workhouses  
visited.

152 Workhouses, making an aggregate of 402 distinct visits made to Workhouses in the course of a year and a half. Of the Workhouses visited during the first year, 308 were Union Workhouses, 23 were governed under local Acts, and 6 under Gilbert's Act. Of the Workhouses visited during the first six months of the second year, 144 were Union Workhouses, 5 were under local Acts, 1 was under Gilbert's Act, and 2 were the Workhouses of unincorporated Townships, managing their Poor under the 43 Eliz. c. 2. A correct catalogue of the several Workhouses so visited, together with a statement of the number of persons considered to be Lunatics within the meaning of the statute, found in each, is set forth in the tabular list appended to this Report; and for the sake of comparison, a statement of the number of Lunatics which those Workhouses severally contained on the 1st of Jan., 1846, according to the Parliamentary Return for that year, is added to the list.

On reference to the table it will be perceived, that in a few instances the same Workhouse was visited twice within the first year. But this occurred only in cases where the state of the house on the original inspection, and the number and condition of its lunatic inmates, or other circumstances calculated to arouse vigilance or suspicion, seemed to render a second visit advisable.

Course of  
proceedings  
and inquiries  
on visits.

Our usual course, on these visitations has been, to request the Master of the Workhouse to point out to us every person in it whom he considered to be of imbecile, idiotic, deranged, or unsound mind,



including under that description, every person who, though of full age, was not treated on the footing of an ordinary pauper, or allowed to leave the house on a common notice without further sanction; and when these were pointed out to us, we proceeded to address them, and endeavoured to converse with them, so as to test the nature and extent of their alleged mental incapacity or disease. We also made a note of their names and ages, and of the form of their mental infirmity; inquired whether they were ever put under any mechanical restraint and of what kind; which of them were capable of employment and in what modes they were employed; to what extent and by what means they were separated from the other inmates of the same sex and age; whether any of them were on the sick list and were receiving extra allowances; and in what respects, if any, their diet, accommodations and general treatment, when in health, differed from those of the other paupers. We moreover inspected the rooms which they occupied by day and at night, and also their beds and bedding.

On concluding the inspection, it has been our practice to make a short minute, noting the fact and date of our visit, together with any observations suggested by the appearance, condition or treatment of the Lunatics we had seen; and if any of them were in our judgment improper persons to be in a Workhouse, or likely to benefit by, and able to bear, being removed to a Lunatic Asylum, we recorded our opinion to that effect, and directed the immediate attention of the Guardians to it. On some occasions, where the

Minute book  
of the visit.

peculiarity of individual cases, or the unsatisfactory nature of the arrangements for the Lunatic inmates seemed to call for particular remark, the minutes were of greater length, and copies of them were at our request transmitted to the Board of Commissioners in Lunacy, by whom they were subsequently made the ground of representations to the Boards of Guardians. Wherever the minute contained any special matter of this kind, we also charged the Master to bring it under the notice of the Guardians at their next meeting. These minutes (which are not required, nor even perhaps authorized by the statute,) we thought it best to enter in the Visitors' Book, usually, though not always regularly kept in Union Workhouses; that being the book in which the remarks of the Official Visitors are made, and which ought in the regular course to be periodically laid before, and seen by the Guardians. It occasionally happened that a Visitors' Book was not forthcoming, either from the Master having gone out and locked it up, or from its never having been procured at all, and in such cases the minute was entered in the Journal of the Master or Medical Officer, or in any other Official Book which was accessible, and in which the entry was most likely to be preserved, and to be seen by the Local Authorities.

Before stating in detail the results of our inquiries into the different matters which fell under our notice upon these visitations, it remains for us to add, what may indeed be collected from the annexed list, that as soon as the Workhouses, which the returns made to Parliament represented to

contain ten or more Lunatics, had been visited, we next proceeded to visit in succession those which from the same returns appeared to contain a smaller number; and we entertain a reasonable hope, that we shall accomplish the visitation of all the Workhouses in England and Wales, in which any Lunatics are detained, within a period of little more than two years from the passing of the statute.

It is obvious that the result of any inquiry into the numbers of the Lunatics in Workhouses, must materially depend, as already noticed, on the sense in which the term Lunatic is to be taken. We have before explained the sense in which we understand it, and in which we apprehend the legislature intended that it should be understood. But much difference of opinion has existed on the point, and a corresponding difference of practice has prevailed, on the part both of Masters and Medical Officers, in classing and making out lists of the persons in Workhouses who are to be deemed Lunatics.

In conformity, we believe, with certain instructions issued from the office of the Poor Law Commissioners, the Masters of Union Workhouses are required to distinguish the pauper inmates entered in the book called the In-door Relief List, into nine classes, by affixing to each name as it occurs, the appropriate number designating the class to which the individual is considered to belong; Class 4 being that which, according to the arrangement, designates the "Insane, Idiots, and Lunatics."

Consideration of the result of inquiry as to the number of "Lunatics in Workhouses."

Diversity of practice in classing such persons.

Practice in Union Workhouses of distinguishing the "Insane, Idiots, and Lunatics," as Class 4.

In carrying out these instructions, which is most



commonly done by the Master upon his own sole discretion and responsibility, though occasionally after consulting with the Medical Officer of the House, or the Relieving Officer by whom the Pauper is brought in, we have generally found him disposed to give a more liberal interpretation to the expression "Lunatics and Idiots," than the Medical Officer, and to include in it a large proportion, if not the whole of those inmates, who from their deficiency, derangement, or infirmity of mind (whether it be congenital, or be the consequence of disease, or of natural decay), are unfit to be entirely at large, and whom therefore, as, in his judgment, they require a certain amount of supervision and care, he does not allow to quit the House upon a common notice, unless he has the previous sanction of the Guardians, or can give them up to some relative or friend. If this principle of classification were correctly and universally acted upon, the names of the inmates in Class 4, would manifestly furnish a complete list of all those Lunatics in Union Workhouses, to whose cases we conceive that the provisions of the 111th section of the 8 & 9 Vict. c. 100, were intended to apply. But in a multitude of instances, the rule has been imperfectly and negligently observed. In some of the Union Workhouses the classing of the inmates according to the prescribed form is entirely omitted. In many others, we have found that persons who are evidently of greatly impaired or disordered intellects, and therefore belong properly to Class 4, but who happen to be also far advanced in years or in a bad state of bodily health, are placed in Class 1 only, which according to the same instructions,

The rule often  
imperfectly  
and negligently ob-  
served.

designates "the Aged, Infirm, and Disabled," or in Class 7, which designates those suffering under the effects of "sickness or accident." So, again, with regard to Idiots and Imbeciles under sixteen years of age, the rule has seldom or never been applied. Not unfrequently we have found that the Master, yielding up his own judgment to that of the Medical Officer, or to that perhaps of a Board of Guardians who view with apprehension the danger of being called on to maintain their Lame, Poor in an Asylum, has adopted the more narrow and popular meaning of the term "Lamatic," and transferred to other classes, persons who, being treated as Insane and detained as such in the Workhouse, might unquestionably to have been retained in Class 4. At other times, but more rarely, we have found, that no system or principle of classification is observed at all; and the Master is then left to point out on the spur of the occasion and as his memory serves, from the whole body of the inmates who are dispersed through the different buildings, and sometimes amount to several hundreds, such persons as in his opinion belong to the class of Lame, and are unfit to be entirely at large.\*

Imperfectly as the system of classing the inmates in Union Workhouses has been followed out in practice, it has undoubtedly been of valuable assistance to us, more especially where the inmates are numerous; as it affords the means of making out a

Assistance  
afforded to  
the Comptrol-  
lers by  
such a system  
of classifica-  
tion.

\* This is almost invariably the case in the Workhouses managed under Local Acts, and in those belonging to the Gilbert Unions.

tolerably correct list of the names and ages of the persons to whom our attention is to be directed, and enables the Master to point them readily out to us; and, in cases where he happens to be absent, materially aids us in finding them out for ourselves, a task which, if the Workhouse be extensive and crowded, becomes otherwise extremely troublesome.

*Mode of ascertaining and examining Imbecile and idiotic Paupers in Workhouses.*

The course we usually adopted wherever the inmates were regularly classed in the In-door Relief List, was to take down from it a list of the names and ages of the persons in Class 4, and then, after going through the list, and personally examining all who were placed in it, to inquire strictly of the Master what other adults (if any) were in the house, whom, on account of their mental incapacity or deficiency, he would, upon his own authority, detain against their will in the Workhouse, until he had the sanction of the Medical Officer or Board of Guardians for their discharge; and whether there were any inmates under sixteen years of age who appeared or were supposed to be weak-minded, imbecile, or idiotic. If any such persons could be produced, they also were examined, and their names added to the list; and, if any cases were mentioned as being of a doubtful kind, we required them to be shown to us, that we might form and express our own opinion on them. The usual test which we applied whenever any hesitation as to any particular inmate appeared to be felt, was to ask whether the individual in question was placed exactly on the same footing as the other Paupers there, treated and fit to be treated and



left at large as a *perfectly free agent*, and allowed to leave the house upon the common notice. It rarely happened that the answer to these interrogatories did not furnish additions more or less numerous to the list of persons to be examined. In selecting the individuals for examination, in Workhouses where the Lunatics were not classed or in any way separated from the other inmates, we could of course rely only on the information derived from such inquiries, aided by our personal observations in walking through the different rooms and yards, and noting the appearance and demeanour of their occupants.

The persons whom we have seen and examined in Workhouses under the denomination of Lunatics, using that term in the large sense already explained, may be most conveniently classed under three heads; 1st, Those who from birth or from an early period of life have exhibited a marked deficiency of intellect as compared with the ordinary measure of understanding among persons of the same age and station; 2ndly, Those who are demented or fatuous; that is to say, those whose faculties, not originally defective, have been subsequently lost or become greatly impaired through the effects of age, accident, or disease; and 3rdly, Those who are deranged or disordered in mind, in other words, labouring under positive mental derangement, or as it is popularly termed, "insanity." Those in whom epilepsy or paralysis is complicated with unsoundness of mind, although their case requires a separate consideration, do not in strictness constitute a fourth class, but may properly be

Lunatics in Workhouses conveniently divide into three classes, viz. —1. Those who from birth, or early years, have exhibited deficiency of intellect. 2. The demented or fatuous. 3. Those who labour under positive derangement of mind. Epileptics and Paralytics may belong to any of these classes.

referred according to the character of their malady and its effects upon their mental condition, to one or other of these three classes.

1. First class for the most numerous, and comprises many intermediate forms.

1. The first is by far the most considerable class to be met with in Workhouses, and probably constitutes more than two-thirds of the whole number. Commencing with the weak-minded and imbecile, and extending to those who are called idiotic and idiots, it comprises within its limits many intermediate forms, some of which pass into each other by insensible gradations, and are not easily distinguishable by language, although the extremes are well defined and very remote from each other.

Large proportion weak-minded and imbecile.

Their general character, and their condition and treatment in Workhouses, as to diet, accommodations, and employment.

Of this class the weak-minded and imbecile form the largest portion, not less on the average than two-thirds of the entire class. When their mental deficiency is not connected (as it sometimes is) with severe epilepsy, their bodily health is generally good. In that case they are placed among the able-bodied of their own age and sex, and their treatment in regard to diet, clothing, accommodations and employment, is substantially the same as that of the other able-bodied inmates. For the most part they are harmless, tractable, and readily disposed to work; and with a little encouragement and superintendence from the Master or Matron often become extremely industrious and useful. In some of the smaller Workhouses where there are few or no other able-bodied inmates, most of the garden and out-door labour is performed by males of this description; and the females are very frequently employed in household work, in the

kitchen and scullery, and in the washhouse, where, being under the eye of the Matron, they are active and obedient servants. So long as persons of this kind are kept within the precincts and subject to the discipline of the Workhouse, they conduct themselves well, and require a very slight degree of supervision. But when that supervision is withdrawn, and they are left at large to mix freely with their fellows in the ordinary intercourse of life, they are unable to resist the temptations that beset them; advantage is often taken of their weakness by the knavish and the profligate; and they are exposed to, and may commit, very serious mischief. The weak-minded and imbecile inmates whom we saw, appeared to us, speaking generally, to be comfortable and contented; and although it might sometimes be a question whether on the whole the Workhouse was the best place for them, or whether it was right to detain them in it without their consent, we never had a doubt that they were not proper persons to be confined in a Lunatic Asylum.

They conduct themselves well, and require a very slight degree of supervision while in the Workhouse.

Generally not proper persons to be confined in a Lunatic Asylum.

Under the same head are to be classed what for want of a better name we have termed the idiotic, as well as the idiots, properly so called. Of these the idiotic are to be found in the Workhouses in considerable numbers. They are chiefly distinguishable from the persons last described by possessing a much more limited share of understanding, and by requiring a greater degree of supervision and control; but they differ almost infinitely in these respects among themselves. While in the Workhouse they are generally harmless and

The idiotic.

Time-general character III. Workhouse;



to what extent harmless and capable of employment. Not unfrequently violent, and of dirty habits.

In some cases the idiotic placed with those more strictly termed Idiots in a separate Ward.

But occasionally not separated from the other inmates.

Congenital Idiots, wholly devoid of reason, much less reason-  
more.

easily managed; and such of them as are in tolerable bodily health, are often regularly and advantageously employed like the other able-bodied inmates, in ordinary work about the premises. Not unfrequently, however, and more especially where their mental condition is connected with severe epilepsy, they are subject to sudden paroxysms of violence; they are noisy and dirty in their habits, their general health is indifferent, and they are not capable of much employment. In such cases it has sometimes been the practice to place persons of that description, together with those who are more strictly termed Idiots, particularly if their number is considerable, under the charge of one of the other paupers in a separate ward, usually called the Idiot Ward, having a day-room and sleeping-room, and occasionally also, a distinct yard appropriated to their exclusive use, where their diet and accommodations are upon a rather more liberal scale, and where they cannot annoy or endanger the other inmates. The great majority of the smaller and many of the larger Workhouses however, are not provided with the means of effecting such a separation; and in them, the idiotic and idiots of all descriptions are dispersed throughout the house, sometimes mixing indiscriminately with the other inmates of the same sex; at other times placed with the sick, or more frequently with the aged and infirm.

Of idiots, meaning by the term, congenital idiots, who are wholly or almost wholly devoid of reason, the number we have found in the Workhouses is comparatively very small. These also differ greatly

among themselves, some being docile, harmless, and well behaved; while the generality are mischievous, violent, and dirty. In a considerable portion of them, the deficiency of intellect is combined with and probably originates in some physical malformation or perceptible organic defect. Not unfrequently they are destitute of the organs of speech and hearing, or of speech and sight, and occasionally their heads are misshapen, or their features are distorted, so as to render them painful and disgusting objects.

These vary greatly in character, and habits.

2. Demented and fatuous persons are frequently to be met with in the Workhouses, though, as compared with the preceding class, their numbers on the whole are not considerable. They are generally persons in infirm health, and seldom capable of work; mostly in advanced life; many of them bed-ridden, and requiring constant nursing and careful medical treatment, with extra diet and comforts. In some cases the decay of the mental faculties appears to be merely the result of old age and a worn-out constitution, and may be termed senile dotage; in others it is the consequence of a dissolute and intemperate life; in others it has its origin in acute and exhausting disease of body or mind. In many it is the concomitant or sequel of long-continued epilepsy. Sometimes, but more rarely, it occurs in combination with paralysis. In all these cases, where the general health is affected, the usual course is to place the sufferers either with the aged and infirm of their own sex, or in the hospital attached to the Workhouse, where the diet and accommodations are of a superior kind, and where their wants and comfort can be better

2. The demented and fatuous in Workhouses, a far less numerous class, but of various descriptions. Their general character, condition, and treatment.

When their bodily health is affected.

attended to. Occasionally we have found among this class persons who, after having suffered under acute Mania, and been long confined as patients in a Lunatic Asylum, have sunk into a state of apathetic fatuity, and being then pronounced incurable, have been brought back to the Workhouse as chronic but harmless Lunatics, to save the expense of their maintenance in the Asylum, or to make room for the admission of more hopeful cases.\*

2. Persons who labour under positive mental derangement. These comparatively seldom met with in Workhouses, having of late years been mostly transferred, without delay, to Lunatic Asylums.

3. Of those who are labouring under positive mental disease, or what is popularly termed "insanity," we have met with comparatively few in Workhouses; and whatever may have been the case in former times, we have reason to think that within the last few years there has in general been a ready disposition on the part of the local authorities to procure their speedy transfer to Lunatic Asylums. In this respect our own efforts have received important assistance from the Poor Law Commissioners, whose official connection with the Boards of Guardians and the Medical Officers of Unions has enabled them to interfere with promptitude and effect wherever neglect or delay was to be apprehended.† And were it not for the difficulties which arise from the very inadequate amount of accommodation afforded in Lunatic Asylums, we believe that few, if any, curable Luna-

\* In several of the Hampshire Workhouses we met with persons of this description, who had been brought from the Insane House Asylum at the time when that establishment was shut up, and when the Guardians did not consider it necessary or expedient to remove to another Lunatic Asylum.

† See the explanatory comment on the 12th Article of the Workhouse Rules, cited *supra*, p. 242, *note*.



tics who are in such a state of bodily health as to admit of their safe removal to an Asylum, would be detained in any Union Workhouse beyond the period requisite for procuring the order for removal. These difficulties continue to be strongly felt. With scarcely an exception, the County Asylums are crowded to their utmost limits; and such of the few Private Establishments receiving Pauper Patients as are not in the same condition, are generally in remote and inaccessible situations. The measures which are now in active progress throughout the kingdom for providing additional accommodation for Pauper Lunatics in Asylums maintained at the public charge, must, in a few years, effectually remedy the evil. In the meantime, it is to be hoped that, in County Asylums, wherever a selection can be made, care will, as far as practicable, be taken to give a preference to recent and probably curable cases.

General inadequacy of accommodation in Asylums.

Cases of acute Mania, in its most ordinary form of violent excitement and raving (whether with or without positive delusions), we have met with in Workhouses but rarely; and then, in general, the Patient has been only waiting until the proper steps could be completed for effecting his removal to an Asylum. A form of Insanity which we have more frequently found is Melancholia, as exhibited in a low and desponding state of mind, an apparent disgust of life and society, and an evident tendency to suicide, and sometimes also accompanied by a strong disinclination to speak, or to take nourishment. This occurs principally among young or middle-aged females, and frequently seems to have been brought on by

Cases of acute Mania rarely found.

Cases of Melancholia more frequent.

*Such cases  
ought to be  
sent at once  
to a Lunatic  
Asylum.*

severe temporal privations, or by mental anguish and disappointment acting on a greatly debilitated or disordered state of body. Of course persons of this class are most improper inmates of a Workhouse, and ought to be sent without loss of time to a Lunatic Asylum, where their bodily health can receive constant nursing and medical care, and where all the means and temptations to self-destruction are studiously withdrawn.

*Cases of  
Monomania,  
and delusions  
of various  
kinds.*

Besides these forms of insanity, others which are generally of a chronic and less curable, as well as less dangerous kind, and are more nearly allied to what is commonly termed Monomania, are occasionally met with in Workhouses;—as for example, wild and chimerical notions upon some one particular point; fixed delusions with respect to persons and property; absurd and extravagant ideas, on the part of those who entertain them, of their own rank, and family, or wealth. Illusions of this kind very commonly occur where the disorder is complicated with Paralysis. The Lunatics whose insanity assumes this character, however, may be more correctly classed under the second head, when, as happens not unfrequently, they are persons who have, in a great measure, survived their faculties, and have sunk into a state of dotage, or persons who, after passing many years in a Lunatic Asylum, have been sent back to the Workhouse “relieved,” and whose illusions, although they have become, in the course of time, less prominent and active, still remain essentially unchanged.

*Cases of  
“Moral In-  
sanity.”*

We have also, in two or three instances, met with persons in Workhouses who exhibited a

degree of viciousness and perversity of temper, and a total want of self-control, which it was extremely difficult to reconcile with the possession of common understanding. Persons of that description have been sometimes denominated morally insane, and treated as Lunatics; but it is not always easy to say how they should be dealt with. The Master of the Workhouse, finding that all discipline and all ordinary motives when applied to them utterly fail of their natural effect, is usually glad to get rid of them upon any terms, either by dismissing them from the house, or by transferring them as certified patients to a Lunatic Asylum; and as they display no symptoms of insanity when there, they are generally discharged at the end of a longer or shorter period of probation; and being wholly unable, when at large, to conduct themselves like reasonable beings, they soon find their way to the House of Correction or the Gaol, unless they have had sufficient foresight to return to the shelter afforded by the Workhouse.

Cases in which unsoundness of mind exist in combination with epilepsy, occur very frequently in Workhouses. Our information with regard to their numbers is not very definite or precise; but we think we shall not err greatly in estimating the Lunatics of this description at about a fifth of the entire number. The mode in which the mental affection is manifested in them varies indefinitely, according to the particular character of the bodily disease. In a few instances, more especially where the malady is of a recent date or of a mild form, the privation of reason or consciousness which it

*Cases of unsoundness of mind in combination with Epilepsy, very frequent in Workhouses.*

*Their character and symptoms.*



superinduces does not long outlast the paroxysm, and leaves little or no trace of its effects. In others, and these are the great majority, it produces for a considerable period, both during and after the attack, a degree of maniacal excitement and violence as well as of mental aberration, under which its victims exhibit all the characteristics of ordinary insanity, and become highly dangerous to themselves and others. In a very large proportion of cases, indeed almost universally where the attacks are frequent and severe, it undermines the faculties, and, sooner or later, reduces the sufferer to a state of intellectual imbecility, or even of fatuity.

*Epileptics in Workhouses. — Their general condition and treatment.*

*They always require some supervision, and are usually in some measure separated from the general body of inmates. Separate wards for their accommodation.*

So long as their disorder is slight, and recurs only at distant intervals, Epileptics in Workhouses are, for the most part, associated with the general body of the Paupers, and their treatment, as to food, clothing, employment, and general accommodations, does not materially differ from that of the other inmates of their own sex and age. But they always require a certain amount of watching and supervision, and, when the disease assumes a formidable character, they are usually in some measure separated from the rest of the inmates, and placed either among the sick and infirm, or in the hospital, where there happens to be one.\* When the cases are numerous and unusually severe, a separate ward has been sometimes appropriated to their use.†

\* This is the practice in, among others, the Workhouses of Manchester, Liverpool, Brighton, St. Pancras, Marylebone, Plymouth, and Nottingham.

† As in the Workhouses of Birmingham, Clifton, Bristol, (at Stapleton), and Bath.

The Patients are there regularly visited and prescribed for by the Medical Officer, and receive all the advantages (as far as these are to be had in a Workhouse) which careful attendance and nursing, with proper diet and medicine, can secure.

Their medical treatment there.

In what cases persons afflicted with epilepsy may without impropriety be suffered to be inmates of a Workhouse, is in some measure a question of degree, to be determined by circumstances. Where the fits are slight and infrequent, and more especially in the earlier stages and milder forms of the malady, the mental disturbance which they produce is trifling and of short duration, and in the intervals, the restoration of the mind to a healthy state sometimes appears to be complete. Cases of that kind give but little trouble or annoyance, and are hardly adapted for an ordinary Lunatic Asylum. At the same time, as epileptics always require a certain amount of supervision, and as they are quite incompetent, when the fits are upon them, to take care of themselves, and generally become violent and dangerous, it would seem that the Workhouse can seldom be a suitable place for their reception, and that their treatment and care would be more properly provided for in a chronic hospital especially appropriated to the purpose.

In what cases Epilepsy may properly be kept in a Workhouse.

In general a Chronic Hospital would be a more suitable place for them.

Cases in which paralysis is complicated with insanity, in one or other of its multifarious phases, we have also met with in many Workhouses; but they are much less numerous than the class last described. Paralytics of this kind are for the

Cases of Paralysis complicated with Insanity, less numerous.

Ordinary description

and condition  
of Paralytics  
of this kind.

Often subject  
to great  
physical in-  
firmity, and  
placed in  
patients in  
the sick-ward  
or infirmary  
of the Work-  
house, where  
they remain  
for life.

A Chronic  
Hospital  
more suitable  
for such cases  
than an ordi-  
nary Work-  
house, or  
even a curative  
Lunatic  
Asylum.

most part persons beyond the middle age, some of them far advanced in life, and the cerebral disease under which they labour seldom fails to terminate their existence in a very few years. In the Workhouse their physical infirmity is frequently so great as to confine them constantly to their seats or their beds, and to reduce them to a state of abject helplessness, in which their derangement of mind, whether exhibited in the form of fatuity, or of insane hallucinations, is not troublesome or formidable to others, and attracts comparatively little notice. Such Lunatics are invariably considered and treated as confirmed invalids, and generally become regular patients in the sick-ward or infirmary of the Workhouse, where they continue for the remainder of their lives, to receive the best diet, nursing and medical care which the place affords. Like epileptics, they are a class of patients in whom the mental is usually less prominent than the bodily disease; and for whom therefore, as the cure of either is felt to be almost hopeless, a chronic hospital would seem to be a more appropriate receptacle than a curative Lunatic Asylum, however much the latter may be preferable to an ordinary Workhouse.

All, or nearly all, the Lunatics whom we have met with in Workhouses, may be systematically and conveniently ranged under one or other of these classes; a classification which is founded on the character and phenomena of their mental condition. Regarded in a different view, the same individuals



may be distinguished into several other classes, according as they are harmless or dangerous, docile and tractable, or violent and unmanageable; clean and quiet in their habits, or dirty and noisy; recently or long afflicted; in good or in bad health of body.

Other modes of classifying Lunatics in Workhouses, according to their habits, temper, and bodily condition, &c.

These various distinctions, which are discoverable among the Lunatics in Workhouses, have been already touched upon incidentally, and do not require separate consideration. They become chiefly material with reference to the nature of their treatment there, and to the propriety of allowing them to remain, or of removing them to some other place; a question upon which, in the exercise of our official duty, we are often called to pronounce a decided and practical opinion.

Practical utility of these distinctions.

The leading principles which have governed us in this delicate and responsible part of our functions, may be collected from the foregoing remarks on the different classes of Lunatics whom we have met with in Workhouses. We have invariably maintained that the permanent detention in a Workhouse of any person of unsound mind, whether apparently dangerous or not,\* whose case is of recent origin, or

Principles upon which the Commissioners in Lunacy have directed or urged such removal.

\* It is an obvious remark, that the quality of being "not dangerous," which, when joined in combination with unsoundness of mind has been supposed, by an inference from the language of the 48th section of the 4 & 5 Will. 4, c. 76, to warrant the detention of lunatics in Workhouses, is of most uncertain and indefinite application. In a well arranged and judiciously managed Lunatic Asylum, where a vigilant control is unceasingly maintained, and where all the means as well as causes of offence are studiously withdrawn, the most violent Maniacs generally come to

Effect of the expression "not dangerous."

otherwise presents any hope of cure through the timely application of judicious treatment, or who is noisy, violent, and unmanageable, or filthy and disgusting in his habits, and must therefore be a nuisance to the other inmates, is an act of cruelty and injustice, as well as of great impolicy; and we have, on all occasions endeavoured, so far as our authority extends, to procure the speedy removal of persons of that description to a Lunatic Asylum. We believe we do not exaggerate the number of instances in which we have interfered for this purpose, and generally with immediate success, in stating them at upwards of a hundred; and the instances would have been greatly more numerous if we had not been reluctantly restrained from interfering, by considerations arising out of the crowded state of the Asylums, and their distance and inaccessibility from the Workhouse, or the bad health and physical debility of the Patient.

Actual  
number of  
Lunatics in  
Workhouses  
visited.

On referring to the tabular list annexed, it will be seen that the numbers of Lunatics in the several Workhouses which have been visited, as taken from

be dangerous. So also in a Workhouse, where a certain degree of care and supervision is exercised, weak-minded and idiotic persons, whose passions are often strong, and tempers ungoverned, appear, and long continue to be, perfectly harmless; and yet, if left wholly at large, and permitted to mix freely with their equals in the ordinary intercourse of life, these very persons would be apt to become dangerous either to themselves or others, most probably to both. Regarded in this light, there are comparatively few even of the weak-minded and imbecile in Workhouses of whom it can be confidently predicted that they are absolutely "harmless" or "not dangerous."—See the notes pp. 242, 248, *supra*.

the Parliamentary Return, often differ widely from the numbers in the same Workhouses, as given by the Visiting Commissioners, and are generally, though not invariably, less. Thus it appears, that although 41 of these Workhouses did not contain any Lunatics or Idiots on the 1st of January, 1846, the return as to them being *nil*, the Commissioners found persons who properly came within that description in all of them but three. And the discrepancy becomes more striking, if the number, in all the Workhouses, as taken from the Parliamentary Return, and as given by the Commissioners respectively, are added together, and the totals compared.

*Discrepancy between the numbers as given in the Parliamentary Return, and as found by the Commissioners.*

This discrepancy may perhaps be partly ascribed to the disinclination which we have occasionally remarked in the Medical Officers of Workhouses, to class among Idiots and Lunatics any persons except those who are either decidedly idiotic and fatuous, or those who are maniacal and subject to illusions. In this respect the Medical Officer has frequently adopted a narrower construction of the statute, than the Master; and it has not been uncommon to find that while, according to the annual return made out by the former for the Clerk of the Board of Guardians, (under the 47th section of the 8 & 9 Vict. c. 126,) the Workhouse appears not to contain a single Lunatic, three or four persons of that description are entered under Class 4 in the In-door Relief Book kept by the Master, and that in order to complete the list one or two others should be added, whom the carelessness or ignorance of the Master has omitted.

*Possible cause of discrepancy.*



The number as given in the Annual and Parliamentary Returns, has been always on the whole considerably below the truth.

Whether the disinclination alluded to, originates in a desire to act in accordance with the views of the Boards of Guardians, or, as seems more probable, in a wish to avoid trouble in the performance of a duty for which the statute has provided no specific remuneration, it is needless here to inquire. Whatever be the cause, the fact is undeniable that in the annual returns hitherto obtained under the provisions of the 5 & 6 Vict. c. 37, s. 6, and the 8 & 9 Vict. c. 126, s. 47, the number of Lunatics in Workhouses has, upon the whole, been always considerably underrated.

We shall not be in a condition to state with confidence or absolute correctness the total number of persons of that class actually kept in the Workhouses until after the task of visiting and inspecting the whole of them shall have been concluded. But the more complete information we have now obtained relative to such Workhouses as have been already visited enables us to make a due allowance for the imperfection of the Parliamentary Returns, and affords satisfactory data for computing the entire number, with a near approximation to exactness.

Data now obtained for a correct computation.

According to the Parliamentary Return for the year 1846, the several Union and other Workhouses, which have been visited by the Commissioners in Lunacy, within the first eighteen months after their appointment, contained, on the 1st of January in that year, an aggregate of 4083 Lunatics; whereas, the number actually found in them at the time when they were severally visited, was not less

than 5822, being an excess in the actual over the reported numbers, of 1289. If, further, it be assumed (as it seems not unfair to assume) that in the Workhouses which still remain to be visited, a similar ratio of excess will be found to exist, the total number of Lunatics in all the Workhouses of Unions and of districts under local Acts, may be correctly stated at 6919, or thereabouts, instead of 4486, which is the number given in the Parliamentary Return; and if to that total be added, one-fourth of the number of Lunatics who, in the Return for the year 1846, are estimated to belong to places not in Union, as the proportion of those who are in the Workhouses of such places, we shall obtain a grand total of 9020. This computation, it will be perceived, is, to a certain extent, hypothetical; but we have every reason to believe that the data on which it proceeds are substantially accurate, and that the result which it brings out cannot be far remote from the truth. The computation also shows that the Parliamentary Returns have hitherto understated the actual number of Lunatics in Workhouses to the extent of nearly one-third.

Total number of Lunatics in Workhouses computed to be 6920, being an excess of nearly one-third beyond what is shown by the Parliamentary Returns.

With respect to the relative proportions of the different classes of Lunatics in Workhouses, it is more difficult to arrive at anything like numerical precision; partly because our opportunities of examining the individual cases were generally brief, and partly, also, because we were, in some measure, obliged to depend for our information on the loose or ignorant reports of the Master or Matron, and were seldom able to communicate with the Medi-

Relative proportions of the different classes of Lunatics cannot be arrived at with accuracy.

cal Officer on the subject. No list, distinguishing or classing these inmates according to the form of their disease, is kept in the Workhouse; and the separation of them into the two great divisions of Lunatics and Idiots, adopted in the annual Returns transmitted under the 8 & 9 Vict. c. 126, s. 47, is seldom made upon any definite principle or system. It is also to be remarked that, in different Workhouses, the forms of mental disease that were most prevalent were frequently found to vary considerably. In some, and more especially in those belonging to populous towns and districts, cases of idiocy or fatuity, combined with severe epilepsy or paralysis, were numerous. In others, the bulk, if not the whole of the Lunatic Paupers, came under that class of inmates whom, for want of better terms, we have denominated the Imbecile and Idiotic. Nor has our range of observation been, as yet, sufficiently comprehensive to enable us to ascertain any general principles which can be confidently laid down as regulating or accounting for these apparent diversities.

Upwards of two thirds of Lunatics in Workhouses persons whose insensibility of mind is a congenital defect, not susceptible of cure, and likely to derive little benefit from treatment in

We believe, however, we are warranted in stating, as the result of our experience thus far, that of the entire number of Lunatics in Workhouses, whom we have computed at 6000 or thereabouts, two-thirds at the least, or upwards of 4000, would be properly placed in the first of the three classes in the foregoing arrangement; or, in other words, are persons in whom, as the mental unsoundness or deficiency is a congenital defect, the malady is not susceptible of cure, in the proper sense of the expres-



sion, and whose removal to a curative Lunatic Asylum, except as a means of relieving the Workhouse from dangerous or offensive inmates, can be attended with little or no benefit.

a curative  
Lunatic  
Asylum.

A considerable portion of this numerous class, not less, perhaps, than a fourth of the whole, are subject to gusts of passion and violence, or are addicted to disgusting propensities, which render them unfit to remain in the Workhouse; and it is the common practice, when accommodation can be procured, to effect the removal of such persons to a Lunatic Asylum, where their vicious propensities are kept under control, and where, if they cannot be corrected, they at least cease to be offensive or dangerous. But although persons of this description are seldom fit objects for a curative Asylum, they are in general capable of being greatly improved, both intellectually and morally, by a judicious system of training and instruction; their dormant or imperfect faculties may be stimulated and developed; they may be gradually weaned from their disgusting propensities; habits of decency, subordination, and self-command may be inculcated, and their whole character as social beings may be essentially ameliorated. The education of the idiotic has not hitherto attracted in this country the attention which it deserves; nor does any institution exist, so far as we are aware, in which paupers of that class are received and provided for with reference to that especial object. But its importance in an economical and practical view are now beginning to be understood; and the successful example of Mr. Gaskell, at the Lancaster Asylum,

Of these two-thirds a considerable portion are, from their violent and dangerous character, or their filthy habits and propensities, improper inmates of a Workhouse, but are, nevertheless, capable of much moral and intellectual improvement by judicious training.

Systematic education of the idiotic—its importance.

may be expected to induce other philanthropists, following in the same track, to prosecute the subject in a systematic manner, and upon a more extended scale.

Ordinary condition and treatment of Lunatics in Workhouses, when in health and in sickness, do not materially differ from those of the other inmates of the same age and sex.

With regard to the physical condition of the Lunatics in Workhouses, we have already, while enumerating the various classes of which we found them to consist, described incidentally the mode in which they are usually treated, and the nature of the arrangements which have been made for their accommodation and management. Upon this subject, it may further be observed that, except in some rare instances in which a certain degree of indulgence is allowed, the rule appears to be that wherever the lunatics are in good bodily health and are quiet and tractable, they are placed very much on the footing of other pauper inmates of the same age and sex, in every thing that regards diet, occupation, clothing, bedding, and other personal accommodations; and that wherever their bodily health is indifferent or bad, they receive such medicines and extra diet as the medical officer of the house may in his discretion think fit to order, and have the benefit of the same nursing, attention and comforts as the rest of his patients there. We have never found (except perhaps in a few cases in which the Lunatic was merely waiting in the Workhouse until his removal to an Asylum could be effected), that the medical officer has taken upon himself to apply remedies specially directed to the alleviation or cure of the mental disorder. Nor was this indeed to be expected: as the Workhouse never can be a proper place for the systematic treatment of insanity.

The ordinary practice in the larger Workhouses, for the Medical Officer to attend and visit the Patients daily. In the smaller Workhouses, except in cases of emergency or serious illness, his attendance is less frequent—not more than three or four times a-week. Such Lunatics as are on the sick list are then, of course, regularly seen and prescribed for, in common with the other Patients; although, in their character of lunatics merely, they are rarely the objects of any special medical attention or care. The number of such Patients is very considerable, probably not less than a fourth of the whole body of the lunatics—comprising as it does a large proportion of those who belong to the second and third classes, nearly all those who are far advanced in years, most of those also who are paralysed, and many who are afflicted with epilepsy. The persons of both sexes who act as attendants on the sick are almost invariably pauper inmates, who sometimes receive a small extra allowance for their services, and who seldom possess any training or experience to fit them for their duty. To the Workhouses of some of the large and populous districts, (as those of Portsea Island, Mary-le-bone, St. Pancras, Manchester, Plymouth, Greenwich, and Chatham,) extensive sick wards or infirmaries are attached; but in general the arrangements and appliances for the treatment of disease in Workhouses must always be greatly inferior to those of a regular hospital.

Practice of Medical Officers of Workhouses in visiting the sick.

Probably a fourth of the lunatics, being in bad bodily health, are on the sick list, and receive the same medical care as the other patients.

Regular sick wards or infirmaries attached to some of the larger Workhouses.

Under the 55th section of the 8 & 9 Vict. c. 126, it also becomes the duty of the Medical Officer of each Workhouse, once in every three months, to visit all the Pauper Lunatics detained in it; and, after per-

Duty of Medical Officers of Workhouses under 8 & 9 Vict. c. 126.



sect. 55, is  
make quarterly  
visitations and  
Returns, as  
to every  
Pauper Lunatic in the  
House.

Great value  
of the Quar-  
terly Visita-  
tions and  
Returns, if  
duly made.

sional examination, to insert their names, together with a variety of particulars as to their age, sex, and condition, in a list in the form set forth in the Schedule F, with a declaration under his hand attached to it, that the persons enumerated are properly taken care of, and fit to be at large; and to transmit such list to the office of the Commissioners in Lunacy. This quarterly visitation and return, the necessity for which extends to the case of every Pauper Lunatic not being in an Asylum, Registered Hospital, or Licensed House, were first required by the statute just mentioned, and, if universally and carefully made, would furnish a valuable safeguard against neglect and abuse, in the case of that very numerous class of chargeable Lunatics (including upwards of 6000 who are kept in Workhouses, and probably as many more residing with relatives or friends) who have not the advantage of the supervision and care which are provided in the regular and authorized Lunatic Establishments.\* We deeply regret

---

\* According to the Annual Returns made under the 47th sect. of the 8 & 9 Vict. c. 120, for the year 1846, the number of chargeable Lunatics and Idiots in each Union in England and Wales (including the Unions under local Acts) who, in the month of January in that year, were maintained with their friends, or elsewhere than in Lunatic Asylums and Workhouses, was 4,868. And according to the same returns for the year 1847, the number of such chargeable Lunatics and Idiots amounted to 4,418. We have an opportunity of ascertaining, by personally visiting paupers of this class, how far these returns may be inaccurate or defective. But as the same reasons operate, with at least equal force, in the case of chargeable Lunatics living with their friends, to induce laxity and remissness on the part of the Medical Officers who furnish to the Clerks of the Guardians the materials for the returns, as we have found to operate in the

to say, however, that hitherto this wholesome enactment has been almost entirely set at nought; that the returns made to the office of the Commissioners under it (and probably, therefore, the visitations also), are made most irregularly and imperfectly; inasmuch that, of several thousand lists which ought to be transmitted every quarter, not more than a few hundreds have been received; and that, in our efforts to make the statute known and obeyed in this particular, we have met with serious difficulty and discouragement. Unfortunately, the legislature has not provided any specific remuneration for the additional duty which it has thus thrown on the Medical Officers of Parishes and Unions, although the duty is always attended with trouble, and occasionally with some responsibility; and to this omission we fear the fact must be ascribed, that, for all practical purposes, the enactment is at present almost a dead letter.

The duty in general most irregularly and imperfectly performed.

The Statute has not provided for remuneration of Medical Officers.

We are not in a condition to give any statement pretending to exactness with respect to the relative

No exact information obtained in

case of those Lunatics who are kept in Workhouses, it seems not unreasonable to assume that the returns as to the former class fall short of the truth in a similar ratio; and upon this assumption it would become necessary to correct them by adding about one-third to the number returned. The result would give for the actual number of chargeable pauper Lunatics, not in Asylums or Workhouses, but living with their friends or elsewhere, in the month of January 1846, an aggregate of 6,408; to which a further addition should be made of 12, as the estimated number of persons of that description belonging to parishes not in union, making a grand total of 6,500. It will be observed from the statement in the text, that the *Quarterly Returns* are so scanty and defective as to yield no useful assistance to us in testing or supplying the imperfections of the others.

to the relative proportions of the different classes of Lunatics in Workhouses who are in good, and in bad bodily health, respectively;

and as to the rate of mortality among them.

Special accommodation for Lunatics by means of separate rooms and wards in certain Workhouses.

numbers of the different classes of lunatics in Workhouses who enjoy good health of body, as compared with those who are unhealthy or infirm. A large proportion of those who are termed weak-minded or imbecile, perhaps as many as two-thirds of them, and not a few also of the idiotic, are classed and kept with the able-bodied paupers, and are apparently free from bodily disease. On the other hand, the epileptics and paralytics almost universally, and a large majority of those Lunatics who form the second and third classes into which we have divided them, that is to say, the demented and fatuums, and those who are in common parlance called insane, are in a state of feeble or indifferent health, and many of them are suffering from active organic or functional diseases, under which they are often suddenly and rapidly cut off. Neither has our information been as yet sufficiently accurate or extensive to enable us to draw any conclusions, on which dependence could be placed, with respect to the actual or proportionate rate of mortality which has prevailed among Lunatics in Workhouses, as compared with that of the other classes of inmates.

We have always entertained, and whenever it was safely practicable, have acted on the opinion that Lunatics who are noisy, dirty, mischievous, or unmanageable, are unfit to be the inmates of a Workhouse, and ought never to be detained there if suitable accommodation can be found for them elsewhere. But the extent of this unfitness may be greater or less according to the means which the Workhouse affords within itself for restraining



their vicious propensities, and preventing them from annoying or endangering the other paupers. In their accommodations in this respect Workhouses differ very greatly among themselves. In many of those of the larger class, the noisy, dirty, and violent Lunatics of each sex have a day-room, with a dormitory and a separate yard, appropriated to their exclusive use. In several, such as those of the Bath, Portsea Island, Redruth, Clifton, Manchester, and Greenwich Unions, a regular Lunatic Ward has been fitted up for their reception at a very considerable expense, where the patients are placed under attendants of their own, and have a more liberal dietary allowed to them, and where, except that they cannot have the benefit of much out-of-door exercise or occupation, they receive all the advantages, as well as all the medical care, which could be usefully bestowed on them in a chronic lunatic hospital.\* In some, such

Workhouses  
having regu-  
lar Lunatic  
Wards.

how far such  
Wards are  
beneficial or  
proper.

\* Wards of this kind have undoubtedly in some instances afforded a sensible and salutary relief to County Asylums, as well as to the Workhouses themselves, and in the present crowded state of the County Lunatic Asylums, and in default of chronic hospitals specially adapted for the class of patients who are the principal occupants of such wards, we have not felt justified in condemning them. At the same time, regarded as appendages to Workhouses, they are open to grave objections, and the legality of erecting and maintaining them by means of an ordinary Poor-rate appears to be questionable. We have, therefore, cautiously abstained from giving them any sort of official countenance or recognition. Similar objections apply, though less forcibly, to the maintenance of an Asylum for the Lunatic poor of a particular district or Union in connection with, and as part of its Workhouse-establishment, and they are not wholly removed even when the buildings stand quite detached, and the management is placed in distinct and in-

Separate cells for refractory or dirty Lunatics.

In the generality of Workhouses there are little or no means of separating the Lunatics from the other inmates.

Cost of the maintenance of Lunatics in Workhouses.

as those of Cockermonth, Liverpool, and Plymouth, a few separate cells or single sleeping rooms have been fitted up for the use of such insane inmates as are refractory or dirty, who are secluded in them at night, so as not to disturb the paupers lodged in the dormitories. But in the generality of Workhouses little or no attempt is made to distribute the Lunatics through the house upon any plan or principle, or to separate them from the other inmates of the same sex or age, with whom they are for the most part left to mingle and associate very much at their own discretion.

No distinct account appears to be kept in Workhouses of the expense of any arrangements which may be made in them for the especial accommodation of the Lunatics, any more than of the extra

dependent loads. It was, therefore, with great reluctance that the Commissioners in Lunacy yielded to an application which was made to them at the instance of the Vestry of the parish of Marylebone, soon after the passing of the existing statute regulating the care and treatment of Lunatics, that a portion of the parish Workhouse should be licensed for the reception of a limited number of its Lunatic paupers, after it had been set apart and properly fitted up for the purpose. And they did so solely in consideration of the very special circumstances of the case, and as a temporary measure of relief to meet a pressing emergency; but the precedent is one which they would not readily be induced to follow. The Asylum at Cusickrooke, near Newport, in the Isle of Wight, and that denominated the Infirmary Bethel, at Norwich, are institutions much of the same character with the licensed lunatic wards of the Marylebone Workhouse. Both have been fitted up and licensed for the exclusive accommodation of the Pauper Lunatics of their respective districts; and both form an integral part of the general establishments which, under the authority of local acts, are maintained for the relief of the Poor of those districts.

cost of their maintenance there; although, in the case of such as are confirmed invalids or persons of dirty habits, (both of whom form a numerous class,) the expenditure incurred in fitting up their rooms, and in the articles of washing, clothing, and bedding, as well as of diet and medicine, must sometimes constitute important items. The entire expenditure upon the whole establishment is thrown into a mass, and the total is divided among the number of the inmates, without regard to their condition or class, so as to arrive at a general average of so much per head, which is assumed to be the cost of each individual. When it is recollected, moreover, that a large proportion of the ordinary inmates of Workhouses are children of tender years, who are maintained at a comparatively trifling charge, the inference seems unavoidable, that the actual cost of the Lunatics kept in Workhouses must considerably exceed the amount represented in the returns. The allowance made for those Lunatics who are boarded out of the Workhouse, with relatives or friends, varies very greatly,—in some instances rising as high as ten shillings, in others falling as low as a shilling or eighteen pence a week.

Cost of  
Proper Lu-  
natics placed  
so boarded out  
with relatives  
or friends.

As far as we have been able to learn, mechanical coercion is not extensively employed in the management of the Lunatics in Workhouses. The usual answer to our inquiries, which were very particular upon this point, was, that the use of it was either very rare or altogether unknown. There can be no doubt, however, that in such cases of maniacal excitement or delirium as are sent to the Workhouse for a few days, until they can be regu-

Mechanical  
coercion not  
extensively  
employed in  
Workhouses.



seclusion in  
the Strong  
Room.

Restraint  
resorted to,  
at the sole  
discretion of  
the Master or  
Matron.

larly removed to an Asylum, it is resorted to occasionally. It is also the practice, in many Workhouses, to restrain the movements of epileptics whose paroxysms are violent and long-continued, by fastening them with a strap to their beds, or by the application of the belt and muffs or a strait-waistcoat to their persons. A more common species of restraint consists in seclusion for a few hours in a dark cell, or in what is called the strong room—most of the Workhouses being provided with a place of that description, for the confinement of the disorderly and refractory inmates. In whatever form such restraint or coercion is employed, it seems to be resorted to at the sole discretion of the Master or Matron; nor is any written minute of the fact, or subsequent approval of it (which would be an important check on abuse), entered, or required to be entered, either in the Master's Journal or in any book kept by the Medical Officer of the house. It would be too much to expect that a power so unlimited, and so liable to be abused, should be always exercised with due caution and moderation. At the same time, we are bound in fairness to state, that although we have sometimes felt called upon to animadvert on the mode in which certain of the Lunatics in Workhouses have been treated, as being erroneous or injudicious, we are disposed to think, speaking of course generally, that Masters are in the habit of treating persons of that class in a considerate and kindly spirit.

Lunatics in  
Workhouses  
not allowed

Besides the power of coercing the persons of the Lunatics under their charge, the Masters of Work-

houses appear tacitly, but almost universally, to have assumed another power, which they exercise with a discretion scarcely less absolute, and which is also liable to considerable abuse,—we refer to the power of interfering with the personal liberty of Lunatics by detaining them against their will within the precincts of the Workhouse. With exceptions so rare that they serve only to illustrate and confirm the rule, the practice of Masters in this respect has been never to permit anyone who is placed in Class 4 (in a Union Workhouse) or is deemed to be a person of unsound mind, to quit the house, like the other Paupers, upon an ordinary notice. When such a notice is given by an inmate of that class, the usual course, as we have been assured, is, for the Master to bring the matter under the consideration of the Guardians at their next meeting; who after consulting with him and with the Medical Officer, and learning their opinion as to the mental capacity and condition of the applicant, direct how the case shall be dealt with—in general, authorizing the detention of the party to be continued; occasionally, sanctioning arrangements under which he is given up to the care of relations or friends who undertake to look after him while at large; or, in some very rare instances, directing his unconditional discharge. It seldom happens, however, that relatives can be found who are willing to take upon themselves so great a responsibility; and we have already seen that the cases in which persons afflicted with unsoundness of mind can be safely trusted to their own uncontrolled guidance are extremely few. It will not appear surprising, therefore, that applications of the kind we have described

to leave the house on notice, but are detained therein as a place of confinement.

Practice of Masters in this respect.

usually meet with little favour or attention, and are very rarely successful; that Masters are not much disposed to entertain, and sometimes wholly neglect to report them; and that the practical result of the system is, that, of the 6000 Lunatics and upwards who are now estimated to be in Work-houses, nearly the whole number are compulsorily detained, or, in other words, confined in them for years, or it may be, for life.

Extent to which the confinement is relaxed in certain cases.

This confinement, however, is generally less strict than that which is enforced in a Lunatic Asylum, and varies considerably in degree, according to the character and habits of the Lunatics themselves, as well as the views and dispositions of individual Masters, many of whom endeavour to relax its severity, whenever they think some indulgence may be safely shown. Not unfrequently, where inmates of that class have been found by experience to be harmless and trustworthy, they are allowed to go beyond the precincts of the house—alone, or with companions—on errands, or to spend a day occasionally with their friends, on the understanding that they shall come back before night-fall. In fine weather, and particularly during the summer and autumn, when easy employment is likely to be found for them, and they can be placed with other labourers who will keep an eye over them, they are sometimes, with the sanction of the Guardians, permitted to go out and work during the day, returning to the house regularly to sleep; and some of them are even permitted to remain out for a few weeks, that they may try to earn a livelihood by gleaning, hop-picking, or easy harvest work. At reasonable times



also, when near relatives come forward and offer to take charge of them, they are allowed to leave the house, and remain absent for days or weeks on a visit. Nevertheless, even in these cases, which are exceptions, to be viewed as relaxations of the general rule, freedom of action is very materially restricted. In the ordinary case, the Lunatic inmates are altogether deprived of their liberty: their power of locomotion never extends beyond the precincts of the Workhouse, in which they are kept merely as a place of safe custody, on the ground that they are persons who would be unfit to take care of themselves if left at large.

How far a system of this kind, which virtually places in the hands of the Masters, many of whom are ignorant, and some of whom may be capricious and tyrannical, an almost absolute control over the personal liberty of so many of their fellow men, is either warranted by law, or can be wholesome in itself, are questions which seem open to considerable doubt. Probably if the legality of the detention came to be contested before a judicial tribunal in any individual case, the same considerations of necessity or expediency which originally led to the practice, might be held to justify the particular act, provided it were shown that the party complaining of illegal detention could not be safely trusted at large, and that his detention, therefore, though compulsory, instead of being a grievance, was really for his benefit as well as that of the community. But it certainly appears to be a great anomaly, that while the law, in its anxiety to guard the liberty of the

The discretion entrusted to the Master over the personal liberty of this class of inmates seems too large, and is liable to abuse, but might easily be regulated.

subject, insists that no persons who are insane,—not even dangerous pauper Lunatics,—shall be placed or kept in confinement in a Lunatic Asylum, without Orders and medical certificates in a certain form, it should at the same time be permitted to the Master of a Workhouse forcibly to detain in the house, and thus to deprive of personal liberty, any inmate whom, upon his own sole judgment and responsibility, he may pronounce to be a person of unsound mind, and therefore unfit to be at large. We are not prepared to say that any instances have actually come under our notice in which this large discretion has been abused. It is enough for us to observe, that it is extremely liable to be abused; and that means might easily be devised by which, without diminishing the due authority of the Master, his power in this respect might be so restricted and regulated, that the danger of abuse would be greatly lessened, if not entirely done away.

---

We have now gone through and discussed the various topics, which our inquiries into the condition and treatment of Lunatics in Workhouses have suggested, and which, as we conceive, can be conveniently and usefully introduced in a General Report. The Report itself, as will be seen, covers a period of not more than a year and a half from the time of our appointment, and does not extend or advert to any transactions or proceedings of a later date. With respect to the form and mode, no less than the time, of making the Report, the language of the

111th clause, by which it is directed, is not very specific, and appeared to leave us so much latitude, that we were willing to postpone the preparation of it, until an extensive acquaintance with the Workhouses, derived from personal inspection, should have supplied us with sufficient materials for drawing safe and practical conclusions, and have enabled us to embody the result of the whole in one general and comprehensive statement.

This we have now done, or at least attempted; but the task having once been accomplished, the reasons for continuing the same course no longer operate. In future, therefore, we propose to adopt what will probably be found the more useful plan of making short Special Reports on the condition of the Lunatics in each particular Workhouse, as it is visited, and to transmit them periodically, or as soon as they are completed, to the Office of the Poor Law Commissioners.

(Signed,)



Office of the  
Commissioners in Lunacy,  
June, 1847.





## LIST

## UNION AND OTHER WORKHOUSES

VISITED UNDER THE

FIFTH SECTION of the S. &amp; D. ACT, CAP. 100,

Between the 4th of August, 1845, and the 4th of August, 1846,

Specifying the Number of Lunatics Found in each at the time of the Visit,  
together with the Numbers as stated in the Parliamentary Return of 1844.

COUNTY.	NAME OF UNION.	No. of Lunatics found by the Com- missioners.	No. of Lunatics as stated in the Parlia- mentary Re- turn, 1844.
<i>Beds.</i>	Amptwell	17	16
"	Belford	11	9
"	Biggleswade	12	10
"	Leighton Buzzard	2	2
"	Woburn	5	4
<i>Berk.</i>	Akingdon	11	10
"	Brackfield	11	14
"	Cookham	16	0
"	Reading	10	7
"	Ditto		
"	Wallingford	20	21
"	Windsor	17	18
<i>Bucks.</i>	Ancaster	10	18
"	Aylesbury	4	0
"	Buckingham	0	0
"	Eton	9	9
"	Newport Pagnell	11	13
"	Windsor	0	0
<i>Cambridge</i>	Ely	11	11
<i>Ches.</i>	Stockport	24	20
<i>Cornwall</i>	St. Austell	0	0

COUNTY.	NAME OF UNION.	No. of Lunatics found by the Com- missioners.	No. of Lunatics found in the Union within the year, 1861.
<i>Cornwall</i> —con.	Bodmin . . .	3	0
"	Falmouth . . .	14	16
"	Ditto . . .	2	
"	St. Germans . . .	11	12
"	Helston . . .	7	12
"	Penzance . . .	17	15
"	Redruth . . .	33	30
"	Truro, St. Mary's . . .	6	18
"	Ditto, St. Clement's . . .	6	
<i>Cumberland</i>	Cockermouth . . .	17	16
"	Pearth . . .	11	13
"	Whitehaven . . .	7	25
"	Ditto . . .	15	
<i>Derby</i>	Bakewell . . .	15	13
"	Belper . . .	20	23
"	Clapel-en-le-Pyith . . .	6	7
"	Chesterfield . . .	17	8
"	Derby . . .	8	3
"	Hayfield . . .	4	2
<i>Devon</i>	Axminster . . .	14	17
"	East Stonehouse . . .	2	2
"	Hariton . . .	7	10
"	Kingsbridge . . .	15	18
"	Newton Abbot . . .	19	16
"	Okehampton . . .	8	10
"	Plympton, St. Mary . . .	9	10
"	Taivstock . . .	8	9
"	St. Thomas . . .	16	7
"	Trenton . . .	8	6
"	Totness ( <i>twice visited</i> ) . . .	22	16



COUNTY.	NAME OF TOWN.	No. of Leprosy found by the Com- missioners.	No. of Leprosy found by the Public Sanitary Bo- ards, &c.
<i>Devon</i>	Beaminster	7	9
<i>Durham</i>	Darlington	3	0
"	Durham	7	5
"	Gateshead	12	14
"	Lanchester	7	4
"	South Shields	36	33
"	Sunderland	19	0
<i>Essex</i>	Chelmsford	12	7
"	Colchester	6	0
"	Betaford	19	0
"	West Ham	13	18
"	Witham	8	4
<i>Gloucester</i>	Cheltenham	26	28
"	Ditto	1	
"	Chipping Sodbury	13	10
"	Cirencester	9	0
"	Clifton	40	40
"	Dursley	11	11
"	Gloucester	9	9
"	Stroud	23	13
"	Thornbury	18	3
<i>Hereford</i>	Hereford	3	9
"	Ledbury	6	5
"	Leominster	4	0
"	Ross	5	0
<i>Hertford</i>	St. Albans	10	12
"	Berkhamstead	1	1
"	Bishop Stortford	7	11
"	Buntingford	4	4
"	Hemel Hempstead	5	3

COUNTY	NAME OF UNION.	Value of Liquor Duties at the Dis- cussory	Value of Liquor Duties at the Dis- cussory, 1846.
<i>Hertford—con.</i>	Hertford . . . . .	0	7
"	Hitchin . . . . .	15	16
"	Royston . . . . .	7	2
"	Ware . . . . .	11	5
"	Watford . . . . .	10	0
<i>Hunts . . . .</i>	Huntingdon . . . . .	5	4
"	St. Neots . . . . .	11	11
<i>Kent . . . .</i>	Ashford East . . . . .	3	0
"	Ashford West . . . . .	4	2
"	Bridge . . . . .	3	5
"	Crabtree . . . . .	6	5
"	Dover . . . . .	8	3
"	Eastry . . . . .	24	10
"	Elham . . . . .	9	5
"	Gravesend and Milton . . . . .	5	6
"	Greenwich . . . . .	32	32
"	Maidstone . . . . .	14	8
"	Malling . . . . .	7	2
"	Medway . . . . .	10	15
"	Thurst, Isle of . . . . .	17	16
"	Tonbridge . . . . .	6	2
<i>Leicester . .</i>	Blackburn . . . . .	25	34
"	Bolton . . . . .	60	30
"	Barnley (two houses) . . . . .	15	18
"	Ditto . . . . .	11	
"	Bury (four houses) . . . . .	14	29
"	Ditto . . . . .	2	
"	Ditto . . . . .	11	
"	Ditto . . . . .	16	27
"	Charley . . . . .	30	

COUNTY.	NAME OF UNION.	No. of Lancaster found by the Com- missioners.	No. of Lancaster found by the Par- liamentary Re- view, 1846.
<i>Lancaster—con.</i>	Chorlton	16	0
"	Clitheroe	8	12
"	Haslingden	18	13
"	Lancaster	12	7
"	Leigh (two houses)	5	11
"	Ditto	7	
"	Liverpool	45	3
"	Manchester	101	59
"	Preston	20	8
"	Preston	18	13
"	Rochdale	11	24
"	Ditto	11	
"	Salford	21	14
"	Ulverston	17	18
"	Warrington (two houses)	16	12
"	Ditto		
"	West Derby	19	12
"	Wigan	24	25
<i>Leicester</i>	Ashby-de-la-Zouch	13	16
"	Barrow-on-Soar	3	5
"	Bilbolen	1	0
"	Blaby	8	7
"	Hinckley	16	1
"	Leicester	21	50
"	Loughborough	8	10
"	Market Bosworth	4	0
"	Market Harborough	15	18
<i>Lincoln</i>	Boston	12	0
"	Grantham	15	12
"	Horncliffe	14	14



COUNTY.	NAME OF UNION.	No. of Parishes within the County.	No. of Parishes within the County.
<i>Lincoln—con.</i>	Lincoln - - - - -	15	14
"	Stamford - - - - -	18	9
"	Spalding - - - - -	14	6
"	Stamford - - - - -	5	2
<i>Middlesex -</i>	Bethnal Green - - -	8	8
"	Brentford - - - - -	4	0
"	Chelsea - - - - -	11	17
"	Hackney - - - - -	46	37
"	Kennington - - - - -	10	12
"	London, East ( <i>two houses</i> ) -	17	0
"	Ditto - - - - -		
"	London, West - - - -	10	13
"	Staines - - - - -	4	0
"	Strand - - - - -	17	15
"	Whitechapel - - - -	16	41
"	Ditto, Spitalfields - - -	21	
<i>Monmouth -</i>	Chepstow - - - - -	11	8
"	Monmouth - - - - -	6	8
"	Newport - - - - -	9	3
<i>Norfolk - - -</i>	Erpingham - - - - -	14	19
"	Freebridge Lynn - - -	4	2
"	King's Lynn - - - - -	6	5
"	Lodden and Chering - -	9	6
"	Walsingham - - - - -	0	0
"	Yarmouth - - - - -	15	21
<i>Northampton</i>	Doncaster - - - - -	17	12
"	Kettering - - - - -	10	12
"	Northampton - - - -	13	7
"	Peterborough - - - -	14	15
"	Thrapston - - - - -	13	0

COUNTY.	NAME OF UNION.	No. of Inhabitants found by the Census- enumerators.	No. of Inhabitants estimated for the Parishes enumerated by the Census- enumerators.
<i>Northamp.—con.—</i>	Wellingborough	1	1
<i>Northumberland</i>	Castle Ward	12	11
"	Haltwistle	6	3
"	Hetham	24	21
"	Morpeth	9	2
"	Newcastle-on-Tyne	36	47
"	Tynemouth	23	14
<i>Nottingham</i>	Ruford	30	16
"	East Retford	17	16
"	Mansfield	12	10
"	Newark	16	18
"	Nottingham	44	38
"	Worksop	6	3
<i>Oxon</i>	Banbury	7	6
"	Chipping Norton	16	7
"	Headington	5	4
"	Healey	17	13
"	Witney	13	12
"	Woodstock	12	14
<i>Rutland</i>	Oakham	7	8
<i>Salop</i>	Atcham	13	10
"	Ellesmere	20	16
"	Ledlow	7	6
"	Market Drayton	4	4
"	Shifnal	9	3
"	Wellington	11	10
"	Wem	8	8
<i>Somerset</i>	Axbridge	16	11
"	Bath (twice visited)	27	22
"	Bedminster	13	15

COUNTY.	NAME OF UNION.	No. of Linhets found by the Census Commissioners.	No. of Linhets found in the Census Commissioners Survey, 1881.
<i>Somerset—cont.</i>	Bridgewater	16	7
"	Chard	5	6
"	Clutton	20	10
"	Purton	11	5
"	Keynsham	4	3
"	Shepton Mallet	9	6
"	Tunton	18	11
"	Wellington	14	14
"	Wells	6	3
"	Williton	13	10
"	Winchester	14	7
"	Yeovil	12	16
<i>Southampton</i>	Alton	17	10
"	Basingstoke	10	9
"	Droghda	11	8
"	Fareham	5	10
"	Lyndhurst	6	8
"	Portsea Island	28	20
"	Winchester, New	3	3
<i>Stafford</i>	Burton-upon-Trent	20	24
"	Cheddle	10	10
"	Leek	6	5
"	Lichfield	18	14
"	Newcastle-under-Lyme	5	7
"	Penkridge	5	13
"	Stafford	14	16
"	Stoke-upon-Trent	22	14
"	Sutton	14	11
"	Walsall	24	23
"	West Bromwich	11	15
"	Dutton	3	1



COUNTY.	NAME OF UNION.	No. of Inhabitants found by the Com- missioners.	No. of Inhabitants estimated by the Poor- law Commissioners for 1841.
<i>Stafford</i> —con.	Walsaston and Barsden	14	7
"	Walsinghampton	29	13
<i>Suffolk</i>	Bury St. Edmunds	5	3
"	Ipswich	12	11
"	Mutford and Lethingland	13	16
"	Thangoe	2	5
<i>Surrey</i>	Barnesbury	6	10
"	Chertsey	21	18
"	Dorking	18	17
"	Guildford	16	19
"	Kingston	13	14
"	Leameth	18	17
"	Olives, St.	13	19
"	Reigate	7	1
"	Wandsworth and Clapham	23	25
<i>Sussex</i>	Cuckfield	9	8
"	East Grinstead (two houses)	6	6
"	Idito		
"	Steyning	7	6
"	Ticehurst	4	5
"	Uckfield	5	6
<i>Warwick</i>	Aston	14	17
"	Rugby	8	8
"	Stratford-on-Avon	13	14
"	Warwick	10	12
<i>Westmoreland</i>	Kendall and Milnthorpe (two houses)	8	10
"	Idito	8	
"	West Ward	5	2
<i>Wilt</i>	Alisbury	1	1

COUNTRY.	NAME OF UNION.	No. of Inhabitants found by the Census- enumerators.	No. of Inhabitants found by the Police- enumerary the same date.
Wilt—con.	Bradford -	13	15
"	Calne -	7	8
"	Clippenham -	16	8
"	Devins -	12	9
"	Marle -	17	10
"	Wootton Bassett -	5	4
"	Westbury and Wootton Bassett -	6	7
"	Wilton -	15	12
Worcester	Beausgrove -	16	17
"	Droitwich -	7	2
"	Dudley and Sedgley -	21	23
"	Kidderminster -	24	12
"	Stourbridge -	15	18
"	Upton-on-Severn -	6	6
"	Worcester -	19	12
York, East R.	Howden -	6	6
"	Pocklington -	6	6
"	Sculcoates -	28	10
"	Skirlington -	8	6
"	York (twice visited) -	23	13
York, North R.	Bedale -	11	5
"	Eastwold -	6	3
"	Malton -	2	2
"	Northallerton -	6	6
"	Pickering -	6	4
"	Scarborough -	6	3
"	Thirsk -	3	2
York, West R.	Bradford -	23	33
"	Dewsbury -	2	8
"	Dime, Batley -	2	
"	Dime, Gomersall -	21	

COUNTY.	NAME OF TOWN.	No. of Inhabitants found by the Com- missioners.	No. of Inhabitants found by the Parlia- mentary Re- turn, 1841.
<i>York, W. R.—cont.</i>	Doncaster - - - - -	12	15
"	Ecclesall Bierlow - - - - -	14	11
"	Goole - - - - -	9	8
"	Halifax - - - - -	49	16
"	Huddersfield - - - - -	10	16
"	Knightley - - - - -	8	10
"	Ditto - - - - -	3	
"	Leeds - - - - -	10	15
"	Rotherham - - - - -	9	11
"	Sheffield - - - - -	24	20
"	Shipton - - - - -	18	21
"	Thorne - - - - -	7	10
"	Wakefield - - - - -	27	18
"	Wortley - - - - -	7	3
WALES.			
<i>Glamorgan</i>	Cardiff - - - - -	38	6
"	Swansea - - - - -	15	17

SINGLE AND UNITED PARISHES UNDER LOCAL  
ACTS.

<i>Chesster</i> - - - -	City of Chester - - - - -	9	2
<i>Devon</i> - - - -	City of Exeter and Lanatic	5	6
	Ward - - - - -	22	
" - - - -	Plymouth - - - - -	29	20
" - - - -	Stoke Newington - - - - -	23	9
<i>Gloucester</i> - - -	City of Bristol - - - - -	45	57
<i>Kent</i> - - - -	City of Canterbury - - - - -	9	9



COUNTY.	NAME OF TOWN.	No. of Councillors Elected by the Corporation.	No. of Deputies or Representatives on the County Council, 1898.
<i>Middlesex</i>	St. James and St. John	12	11
"	Chesham		
"	St. Luke's	14	0
"	St. Giles in the Fields and St. George's, Bloomsbury	23	3
"	St. Mary-le-Bone		
"	St. Pancras	38	23
"	St. Leonard's, Shoreditch	42	43
"	St. George's, Hanover Square	6	9
"	St. James, Westminster	12	4
<i>Norfolk</i>	City of Norwich (twice rooted)	31	22
<i>Oxon</i>	City of Oxford	14	0
<i>Southampton</i>	Southampton	5	0
"	Isle of Wight	20	0
<i>Sussex</i>	Brighton	24	3
<i>Warwick</i>	Birmingham	72	66
"	City of Coventry	12	10
<i>Wilts.</i>	City of Salisbury	2	2
<i>York, East R.</i>	Kingston-upon-Hull	10	0

## GILBERT'S INCORPORATIONS.

<i>Hants.</i>	Ash	1
"	Alverstoke	8
"	Farnborough	1
<i>Sussex</i>	East Preston	3
<i>Surrey</i>	Pursham	1
<i>Leicesters</i>	Coton	8

# LIST OF UNION AND OTHER WORKHOUSES

PRINTED UNDER THE

11118 *Session of the S. & P. Vict. Cap. 100.*

Between the 4th of August, 1846, and the 4th of February, 1847,  
specifying the Number of Lunatics found in each at the close of the Visit,  
together with the Numbers as stated in the Parliamentary Return of 1840.

COUNTY.	NAME OF UNION.	No. of Lunatics found by the Commissioners.	No. of Lunatics stated in the Parliamentary Return, 1840.
Cambridge	Cambridge - - - - -	16	13
"	Cheriton - - - - -	18	1
Cheshire	Altrincham - - - - -	8	5
"	Congleton - - - - -	10	5
"	Macclesfield - - - - -	12	3
"	Nantwich - - - - -	13	13
"	Northwich - - - - -	7	3
Cornwall	Columb. St. Major - - - - -	10	7
"	Lancomton - - - - -	5	4
"	Liskeard - - - - -	8	6
Devonshire	Brampton - - - - -	0	7
"	Carlake (three houses) - - - - -	1	9
"	" - - - - -	0	
"	" - - - - -	0	
"	Cockermouth - - - - -	18	10
"	Whithaven (two houses) - - - - -	8	20
"	" - - - - -	12	
Derby	Shardlow - - - - -	0	0
Devon	Barnstaple - - - - -	3	3
"	Bideford - - - - -	4	0
"	South Molton - - - - -	6	1

COUNTY.	NAME OF UNION	No. of Lunatics Referred to the Com- missioners	No. of Lunatics Admitted to the Public Asylum in 1860
<i>Dorset</i> —cont.	Torrington	6	2
<i>Dorset</i>	Bladford	6	2
"	Cerne	2	3
"	Dorchester	5	0
"	Poole	8	6
"	Sherborne	3	4
"	Wareham and Purbeck	8	4
"	Weymouth	6	2
"	Wimborne and Cranborne	7	2
<i>Durham</i>	Auckland	2	0
"	Chester-le-Street	6	4
"	Houghton-le-Spring	2	1
"	Teesdale	11	4
<i>Gloucester</i>	Cheltenham	27	28
"	Clifton	44	46
"	Gloucester	10	9
"	Tetbury	0	0
"	Tewksbury	11	3
"	Westbury-on-Tyeme	4	5
"	Winchcomb	6	3
<i>Hereford</i>	Bromyard	6	1
"	Hereford	3	0
"	Kington	2	1
<i>Lancaster</i>	Ashton-under-Lyne	19	7
"	Burnley (two Asasas)	10	13
"	Ditto	8	
"	Lancaster	9	7
"	Liverpool	40	2
<i>Lincoln</i>	Bearn	10	11
"	Caistor	15	19



COUNTY.	NAME OF STATION.	No. of Locomotives owned by the Com- pany.	No. of Locomotives owned by the Com- pany by hire, &c.
<i>Lincoln—cont.</i>	Grimsby	10	0
"	Grimsby Dock	10	0
"	Leith	0	3
<i>Monmouth</i>	Abergavenny	0	4
"	Monmouth	14	8
<i>Norfolk</i>	Aylsham (two houses)	2	10
"	Idito	12	
"	Blakeney	8	0
"	Downham	8	5
"	Paul's Street	7	0
"	Guillemot	5	5
"	Musford and Louth	11	6
"	Swaffham	0	5
"	Thetford	8	8
<i>Northampton</i>	Brixworth	16	8
"	Ossett	7	4
"	Pottersbury	5	7
"	Towcester	4	4
<i>Northumberland</i>	Alnwick	0	0
"	Belford	0	0
"	Berrick-upon-Tweed	0	0
"	Glendale	0	0
<i>Nottingham</i>	Radford	0	7
"	Southwell	17	13
<i>Oxon</i>	Bicester	13	4
<i>Salop</i>	Bridgeforth (two houses)	5	4
"	Idito	1	
"	Madeley	3	3
"	Newport	0	1
<i>Southampton</i>	Andover	14	0

COUNTY.	NAMES OF TOWNS.	No. of Lunatics found in the County.	No. of Lunatics found in the County within the year, 1861.
<i>Southampton</i> —con.	Haslem - - - - -	7	4
" - - -	Porton Island - - - - -	41	29
" - - -	Romsey - - - - -	19	4
" - - -	Stockbridge - - - - -	1	0
<i>Somerset</i> - - -	Bath - - - - -	31	22
<i>Stafford</i> - - -	Seisdon - - - - -	2	2
" - - -	Uttoxeter - - - - -	9	8
<i>Suffolk</i> - - -	Blything - - - - -	10	7
" - - -	Bosmere and Obydon - - -	10	0
" - - -	Cosford - - - - -	12	11
" - - -	Hartismere - - - - -	2	5
" - - -	Piccadilly - - - - -	12	8
" - - -	Saxford - - - - -	8	3
" - - -	Stow - - - - -	4	1
" - - -	Wangford - - - - -	10	4
" - - -	Woodbridge - - - - -	8	6
<i>Surrey</i> - - -	Richmond - - - - -	14	1
<i>Warwick</i> - - -	Atherstone - - - - -	3	1
" - - -	Nuneaton - - - - -	7	2
<i>Westmorelands</i> -	East Wood - - - - -	10	13
" - - -	Kendal - - - - -	9	10
" - - -	Ditto, Milnthorpe - - - -	8	
<i>Wilt</i> - - - -	Cricklade and Wootton Bassett	4	5
" - - - -	Devizes - - - - -	12	0
" - - - -	Highworth and Swindon - -	5	7
" - - - -	Malmesbury - - - - -	3	0
" - - - -	Marlborough - - - - -	2	2
" - - - -	Melksham - - - - -	8	4
" - - - -	Pewsey - - - - -	6	5
<i>Worcester</i> - - -	Droitwich - - - - -	6	2

COUNTY.	NAME OF SCHOOL.	No. of Learners taught by the Com- missioners.	No. of Scholars re- ceived in the Term ending 31- st Dec., 1861.
Worcester—con.	Evodun - - - - -	7	6
"	Perakoe - - - - -	3	7
"	Worcester - - - - -	19	12
York, N. B.	Richmond - - - - -	13	11
" W. B.	Leeds - - - - -	21	15
"	Sothbergh - - - - -	2	6
"	Duns, Dent - - - - -	3	
"	Wakefield - - - - -	24	18
WALES.			
Brecknock - - -	Brecknock - - - - -	9	1
"	Cricklowell - - - - -	3	7
"	Hay - - - - -	2	3
Cardigan - - -	Cardigan - - - - -	3	9
Cardigan - - -	Cardigan - - - - -	15	7
"	Newcastle-la-Basyn - - -	6	0
Denbigh - - -	Ruthin - - - - -	13	6
Ffest - - -	St. Asaph - - - - -	8	6
"	Holywell - - - - -	2	1
Glanmorgan - - -	Nesth - - - - -	10	9
Merioneth - - -	Corwen - - - - -	7	6
Montgomery - - -	Llanfyllin - - - - -	6	5
Pembroke - - -	Haverfordwest - - - - -	1	0
"	Narberth - - - - -	1	2
"	Pembroke - - - - -	5	3
Radnor - - -	Kington - - - - -	1	2



SINGLE AND UNITED PARISHES UNDER  
LOCAL ACTS.

COUNTY.	NAME OF UNION.	No. of Parishes formed by the Com- missioners.	No. of Parishes merged in the Parishes formed by the Com- missioners.
<i>Gloucester</i> - - -	City of Bristol - - - -	30	57
<i>Norfolk</i> - - -	City of Norwich - - - -	40	22
<i>Salop</i> - - -	Oswestry - - - -	2	1
<i>Warwick</i> - - -	Birmingham - - - -	75	66
WALES.			
<i>Montgomery</i> -	Montgomery - - - -	13	7

## GILBERT'S INCORPORATION.

<i>Leicester</i> -	City - - - -	8
--------------------	--------------	---

## SINGLE PARISHES OR TOWNSHIPS

Managing their Poor

*Under 43 Elizabeth, Cap. 2.*

<i>York, W. R.</i> - -	Hamlet - - - -	3
" - - -	Holbeck - - - -	5

## APPENDIX (B.)

Pages 14, 15, 114, 117.

*NUMBERS of INSANE PERSONS confined in ASYLUMS, HOSPITALS, and LICENSED HOUSES, on the 1st of January, 1847.*

COUNTY ASYLUMS.	PRIVATE.			PAUPER.			Total Lunatics.	Females by Institution.			CRIMINALS.		
	M.	F.	Total.	M.	F.	Total.		M.	F.	Total.	M.	F.	Total.
1 Bedford	..	..	..	01	07	08	188	..	..	..	06	1	7
2 Bristol	..	..	..	05	04	09	89	..	..	..	1	..	1
3 Cheshire	4	5	9	80	04	84	174	..	..	..	0	1	10
4 Cornwall	13	8	21	08	80	88	148	1	..	1	8	2	10
5 Devon	..	..	..	104	197	301	531	..	..	..	0	1	1
6 Exeter Workhouse	..	..	..	11	13	24	24	..	..	..	..	..	..
7 Dorset	..	..	..	02	86	88	148	..	..	..	1	1	2
8 Gloucester	41	59	100	104	110	214	287	0	1	1	8	5	13
9 Kent	..	..	..	148	188	336	336	..	..	..	21	4	25
10 Lancaster	..	..	..	345	327	672	672	..	..	..	0	1	1
11 Leicester	15	19	34	50	64	114	157	..	..	..	0	1	1
12 Middlesex	..	..	..	412	469	881	872	..	..	..	0	1	1
13 Norfolk	..	..	..	50	105	155	204	1	..	1	0	..	1
14 Nottingham	28	17	45	97	103	200	240	..	..	..	..	..	..
15 Oxford	..	..	..	45	68	113	111	..	..	..	..	..	..
16 Shropshire	..	..	..	40	54	94	100	..	..	..	0	1	1
17 Stafford	30	26	56	112	90	202	258	1	3	4	0	..	3
18 Suffolk	5	4	9	100	127	227	245	1	..	1	0	..	1
19 Surrey	..	..	..	181	201	382	402	..	..	..	0	..	0
20 York, West Riding	..	..	..	200	225	425	440	..	..	..	..	..	..
<b>W A R E.</b>													
21 Harroldwest	..	..	..	11	11	22	22	..	..	..	..	..	..
	101	108	209	2431	2816	5247	5486	0	4	4	87	30	117

HOSPITALS.	PRIVATE.			PARISH.			Grand Total.	Penal Institute by Institution.			CRIMINALS.		
	PRIV.			PARISH.				PRIV.			CRIMINALS.		
	M.	F.	Total.	M.	F.	Total.		M.	F.	Total.	M.	F.	Total.
St. Thomas's Hospital, <i>Exeter</i> ..	10	21	31	..	..	..	37	2	2	4	..	..	..
Liverpool Hospital .. ..	20	18	38	11	0	20	64	..	..	..	..	..	..
Leeds .. ..	18	13	31	48	47	95	126	..	..	..	..	..	..
St. Luke's .. ..	76	103	179	16	13	29	208	..	..	..	..	..	..
Bethel, <i>Worcester</i> .. ..	22	48	70	..	..	..	70	..	..	..	..	..	..
Northampton .. ..	20	20	40	98	100	198	238	1	..	1	1	1	5
Arlington Abbey .. ..	10	12	22	..	..	..	28	..	..	..	..	..	..
Worcester, <i>Oxford</i> .. ..	20	28	48	..	..	..	48	..	1	1	..	..	..
Guy's Hospital .. ..	..	25	25	..	..	..	25	..	..	..	..	..	..
York Hospital .. ..	60	49	109	24	21	45	154	7	..	7	..	..	..
York Retreat .. ..	43	68	111	..	..	..	111	8	2	5	..	..	..
	310	408	718	191	113	304	1111	13	6	18	4	1	5



METROPOLITAN LICENSED HOUSES.		PRIVATE.			PAPER.			Total Licenses.	Fines Levied by Inspectors.		CRIMINALS.		Total Arrested by Police.	Total Arrested by Magistrate.		
		PRIVATE.		Total.	PAPER.		Total.				M.	F.				
		M.	F.		M.	F.	M.		F.	Total.		M.			F.	Total.
Battersea.	..	2	5	7	7	10	17	24	7	10	10	2	14	27		
"	..	..	17	17	..	..	..	17	..	..	..	..	..	..		
Berkhamstead.	..	108	..	98	181	..	181	279	..	..	..	..	..	..		
"	..	..	121	121	..	..	..	121	..	..	..	..	..	..		
"	..	5	11	16	85	180	275	301	..	..	..	..	..	..		
Brentford.	..	17	..	17	..	..	..	17	2	..	..	..	..	..		
Bromley.	..	2	..	2	..	..	..	2	..	..	..	..	..	..		
"	..	35	14	49	..	..	..	49	3	1	4	4	7	7		
"	..	..	32	32	..	..	..	32	..	4	..	..	4	4		
Brook Green.	..	8	..	8	100	184	240	8	1	..	1	..	1	1		
Camberwell.	..	2	1	3	..	..	..	3	..	..	..	..	..	..		
Chesham.	..	23	..	23	..	..	..	23	..	..	..	..	..	..		
"	..	..	4	4	..	..	..	4	..	..	..	..	..	..		
"	..	..	2	2	..	..	..	2	..	..	..	..	..	..		
Chiswick.	..	9	8	17	..	..	..	17	..	..	..	..	..	..		
Clapham.	..	12	3	15	..	..	..	15	..	..	..	..	..	..		
Clayton.	..	25	17	42	..	..	..	42	6	6	10	..	1	1		
Coventry.	..	..	3	3	..	..	..	3	..	..	..	..	..	..		
Fulham.	..	1	4	5	..	..	..	5	1	..	1	..	2	2		
"	..	..	12	12	..	..	..	12	..	..	..	..	..	..		
"	..	..	24	24	..	..	..	24	..	..	..	..	..	..		
Hackney.	..	..	6	6	..	..	..	6	..	..	..	..	..	..		
"	..	..	15	15	..	..	..	15	1	1	..	..	..	..		
"	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
		254	263	517	863	644	1527	1484	38	16	12	2	16			

METHODICAL HALL HOUSES.		PRIVATE.			PAUPER.			Total Lauders.	Total Laundry by Institutions.			ORIGINALS.			No. Institution not visited.	No. Institution not visited.	No. Institution not visited.
		Total.		M.	Total.		M.		Total.		M.	Total.					
		M.	F.		M.	F.	M.		F.	M.		F.					
<i>Hackney—con.</i>	<i>Broughton Street.</i>	254	363	167	343	544	927	1484	39	16	12	4	15				4
<i>Hammersmith</i>	<i>Penelope House</i>	90	99	4				99	12	12							4
"	<i>Vivian House</i>	1	3	4				4									1
"	<i>Sutton House</i>	46	3	18				18			1		1				1
<i>Haverhill</i>	<i>Brinsford House</i>	1	4	5				5									1
"	<i>Fin Green House</i>		8	8				8									1
"	<i>Lower House</i>		0	0				0									1
"	<i>Mrs. Griffin's</i>		0	0				0									1
"	<i>Scotall Park</i>	16	7	17				17									1
"	<i>Scotall Slaberry</i>																1
<i>Hillingdon</i>	<i>Moorside House</i>	34	13	50				50									1
<i>Hove</i>	<i>Langton House</i>	5	7	12				12									1
<i>Horton</i>	<i>Horton House</i>	33	63	98	128	192	318	416			9	11	20				20
"	<i>Whitmore House</i>	21	13	34				34									1
<i>Kewington</i>	<i>Kewington House</i>	19	25	44				44									1
<i>Levensham</i>	<i>Dartmouth House</i>	10	2	12				12									1
<i>Pickham</i>	<i>Pickham House</i>	20	35	55	148	206	354	400			6	3	1	4			4
<i>St. John's Wood</i>	<i>Grove End Villa</i>		6	6				6									6
<i>St. Mary's-Bow</i>	<i>Woolhouse</i>				53	42	95	95									1
<i>Stoke Newington</i>	<i>Grove House</i>		6	3				9									1
"	<i>Northington House</i>	23	32	55				55									1
<i>Stokeley</i>	<i>Hallfield House</i>		2	2				4									1
<i>Thornham Green</i>	<i>Tunham Green Terrace</i>	3		3				3									1
		548	815	1163	621	984	1604	2767	67	82	35	15	40				

PROVINCIAL LICENSED HOUSES.		PRIVATE.			PAUPER.			Total Lodgers.	Fined Lunatics by Reception.			CRIMINALS.			Total Lunatics in Asylums.	Total Lunatics in Asylums.
COUNTY.	LICENSED HOUSES.	M.	F.	Total.	M.	F.	Total.		M.	F.	Total.	M.	F.	Total.		
Beds.	Springfield House	10	7	17	8	6	14	17	1	0	1	1	0	1	0	0
Derby	Green Hill House	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Derby	Red House	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Derby	Phyngton House	12	8	20	6	5	11	31	1	1	2	1	1	2	1	1
Derby	Portland House	8	3	11	0	0	0	11	1	1	2	0	0	0	0	0
Derby	Cambridge	2	3	5	0	0	0	5	0	0	0	0	0	0	0	0
Derby	Grindley Hall	0	4	4	0	10	10	14	0	0	0	0	0	0	0	0
Derby	Benjamin Asylum	12	0	17	43	47	90	100	1	0	1	1	0	1	1	1
Derby	Woolston	4	2	6	19	17	36	42	0	0	0	0	0	0	0	0
Derby	Greenland Hall	3	6	9	47	31	83	122	0	0	0	7	1	8	0	0
Derby	Dunton Lodge	11	17	28	64	43	107	155	1	0	1	0	0	0	0	0
Derby	High Road	17	17	34	0	0	0	34	0	0	0	0	0	0	0	0
Derby	Winton	9	6	15	0	0	0	15	1	0	1	0	0	0	0	0
Derby	Polytechnic	25	20	45	0	0	0	45	1	0	1	0	0	0	0	0
Derby	Castleton House	4	3	7	0	0	0	7	0	0	0	0	0	0	0	0
Derby	Upper Ball Road	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Derby	Netherlands	11	18	29	0	0	0	29	1	0	1	0	0	0	0	0
Derby	Parfitt	16	10	26	80	70	150	170	1	0	1	1	0	2	1	1
Derby	Belgrave House	9	6	15	0	0	0	15	1	0	1	0	0	0	0	0
Derby	Whitwell House	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Derby	Westbrook House	8	11	19	27	32	59	78	1	0	1	1	0	2	1	1
Derby	Grove Place	0	0	0	14	18	32	32	0	0	0	0	0	0	0	0
Derby	Carbrooke	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		174	106	340	298	284	582	922	12	11	23	12	1	13	1	13



COUNTY.	LICENSED HOUSES.	PRIVATE.			PAUPER.			Total Lunatics.	Total Lunatics by Asylums.			CRIMINALS.		Persons in Custody of the Police.	Persons in Custody of the Prison.	Persons in Custody of the Gaol.	
		M.	F.	Total.	M.	F.	Total.		M.	F.	Total.						
<i>Herts</i>	<i>Brought forward.</i>	174	105	349	298	584	582	920	12	11	23	12	1	13	4	2	1
<i>Herts</i>	<i>Barnet Palace</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Hemel Hempstead</i>	3	2	4	11	18	29	33	12	11	23	12	1	13	0	0	0
<i>Herts</i>	<i>Whitchurch</i>	4	5	9	10	13	23	32	1	1	2	1	0	1	0	0	0
<i>Herts</i>	<i>North Grove House</i>	3	1	4	0	0	0	4	1	1	2	0	0	2	0	0	0
<i>Herts</i>	<i>Turberville House</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>West Malling Place</i>	13	19	31	1	8	9	40	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Blakesley House</i>	14	19	34	0	0	0	24	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Healy Green Asylum</i>	0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Billington</i>	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Clifton Hall</i>	0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Haydock Lodge</i>	30	21	51	151	197	348	320	1	1	2	1	0	1	0	0	0
<i>Herts</i>	<i>Two Brook Villa</i>	20	20	40	0	0	0	40	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Walton Lodge</i>	21	14	35	0	0	0	35	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Winston House</i>	1	6	7	0	0	0	7	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Stillingthorpe House</i>	7	3	10	0	0	0	10	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Belgium Retreat</i>	0	8	12	0	0	0	17	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Belgium Hall</i>	7	4	11	28	31	49	11	1	2	3	0	0	0	0	0	0
<i>Herts</i>	<i>Infirmary Asylum</i>	0	0	0	0	0	0	40	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Leobon</i>	4	5	9	0	0	0	9	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Stoke Ferry</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>Ball Court House</i>	8	5	13	0	0	0	13	0	0	0	0	0	0	0	0	0
<i>Herts</i>	<i>New Court House</i>	16	7	23	30	31	61	84	1	1	2	1	0	1	0	0	0
<i>Northampton</i>		304	314	618	381	572	1103	1781	35	10	44	24	2	26	0	0	0



COUNTY	LOCALITY HOUSES,	PRIVATE.			FARMED.			Total Acres.	Fruit Trees in Orchard.			CRIMINALS.			Fruit Trees in Orchard.	Acres in Orchard.
		F.		Total.	F.		Total.		M.	F.	Total.	M.	F.	Total.		
		M.	F.		M.	F.										
Warwick—con.	Brought forward...	555	420	1044	641	638	1329	3273	55	32	88	19	4	23		
	Hamlet-in-Arden ..	13	15	28				28	3	1	4					
	Ward House ..		2	2		1	1	1								
	Wardbury House ..	2	2	4												
	Doddston Hall ..	13	11	24	28	35	63	87				2	1	3	6	
Wilt.	Hamington ..	1		1	3	3	6	7								
	Lowstock House ..	44	40	93	14	20	34	127	7	3	10					
	Fulleton House ..	14	11	25	22	57	119	144	2	2	4	6	1	7		
	Kingsdown House ..	8	20	28	25	38	63	91	3		3					
	Belle Vue House ..	7	4	11	85	89	174	185				3	2	5		
Worcester	Fidlington House ..	17	10	33	23	87	110	138	1		1	1	2	3		
	Droitwich ..	13	14	27	26	38	64	91		2	2					
	Gale Holmby ..	21	16	37	35	18	48	80								
	Rollington ..		2	2				2								
	Weaverthorpe ..	2	3	5	1		1	6								
York, N. R.	Moore Cottage ..	2	3	5												
	Hill and E. R. Refuge ..	9	9	18	48	49	97	115				1		1		
	Marble Lane Retreat ..		7	7		2	2	2								
	Dunnington ..	9	3	12	20	15	35	47								
	Bessie ..		2	2		10	10	13								
W. R.	Acorn House ..	10	3	13				13								
	Darnall Hall ..	9	6	15				15								
	Castleton Lodge ..	5	10	15				15								
		234	605	1459	1901	1145	3000	3656	73	49	113	20	12	62		



COUNTY.	LICENSED HOUSES.	PRIVATE.			PAUPER.			Total Lunatics.	Found Lame by Inspectors.			CRIMINALS.			No. under Treatment in the Jail.
		F.		Total.	M.		Total.		F.		Total.	M.		Total.	
		M.	F.		M.	F.			M.	F.		M.	F.		
York, W.R.—con.	Brought forward...	754	696	1450	1001	1145	2146	3656	73	49	122	50	12	62	5
	Grove House ..	10	7	17	6	18	24	41	..	..	..	..	..	..	1
	Howard ..	4	10	14	9	0	15	29	1	..	1	..	..	..	..
	Oakthick ..	6	4	10	..	..	..	10	2	1	3	..	..	..	..
	Clifton House ..	6	2	8	..	..	..	8	1	1	2	..	..	..	..
	St. Maurice House ..	6	2	8	..	..	..	7	..	..	..	..	..	..	..
	Terence House ..	..	10	10	..	..	..	10	..	..	..	..	..	..	..
	Verdon House ..	5	1	6	51	95	87	96	..	..	..	..	..	..	..
Glenarym ..		290	740	1030	1127	1205	2332	3852	77	42	119	51	13	64	..
<hr/>															
		PRIVATE.			PAUPER.			Grand Total.	Found Lame by Inspectors.			CRIMINALS.			
		F.		Total.	M.		Total.		F.		Total.	M.		Total.	
		M.	F.		M.	F.			M.	F.		M.	F.		
County Asylums ..		131	108	239	2431	2816	5247	5486	6	4	10	87	39	127	..
Hospitals ..		519	408	927	191	103	294	1111	13	5	18	4	1	5	..
Metropolitan House ..		548	616	1164	689	984	1673	2767	17	32	49	25	15	40	..
Provincial House ..		706	740	1446	1127	1205	2332	3852	77	42	119	51	13	64	..
Bethlem Hospital ..		1765	1780	3545	4429	5231	9660	13220	163	83	246	167	53	220	..
Madras Hospital (Naval) ..		112	138	250	104	95	199	349	..	..	..	90	21	111	..
Shorncliffe Hospital (Military) ..		137	..	137	..	..	..	137	..	..	..	..	..	..	..
		75	4	79	..	..	..	77	..	..	..	..	..	..	..
TOTAL .....		9112	1013	10125	4531	6294	10825	15652	133	83	216	257	80	337	..



## APPENDIX (C.)

Page 12.

---

1. State your age; and whether you are married or single; and whether you propose to reside in the premises to be licensed.

2. If married, is it proposed that your wife or husband should reside in the house to be licensed, and take any and, if any, what part in the charge and management of the patients?

Have you any children, and if so, of what age and sex respectively; and is it proposed that they, or any of them should be resident in the licensed house?

3. Are you a medical man? If so, state where you received your professional and general education; what degrees you have received, or examinations you have passed, and where and for how long you have been engaged in the practice of your profession? If not a medical man, state what your profession or occupation has been. Also state the name and address of the person who is to act as the Medical Visitor and Attendant of the patients.

4. State the nature and amount of your education, training, and experience with reference to the care and treatment of the insane; and when, and where, and under what circumstances obtained?

5. Produce testimonials or other satisfactory evidence as to your skill and experience as a Medical Practitioner, and as a person fit to be entrusted with the charge of the house; and also as to your moral character, and as to your possession of the necessary pecuniary means for enabling you to carry on and maintain the establishment in a comfortable style.

6. What is the nature and extent of the interest which you possess in the house and premises which are proposed to be licensed? Have any other persons, and who, by name and description, any and what interest in the house and premises jointly with yourself or otherwise, or in the profits to be derived from the establishment?

7. What class of patients do you propose to receive into the house, and paying what rate of board?





## APPENDIX (D.)

Page 1A.

## ORDER AS TO THE CASE BOOK.

S. p. 0. *Fact. c. 100, s. 60.*

The Commissioners in Lunacy, by virtue of the power vested in them by the Act of Parliament passed in the Session holden in the 8th and 9th years of the reign of her present Majesty, intitled "An Act for the Regulation of the Care and Treatment of Lunatics," do hereby order and direct

—That the Medical "Case Book," by the said Act directed to be kept in every Licensed House and Hospital, shall be kept in the form or manner hereinafter mentioned, and shall contain the following particulars (to be amplified in cases which appear to call for more extended details), viz. :—

*First*—A statement of the name, age, sex, and previous occupation of the patient, and whether he is married or single.

*Secondly*—An accurate description of the external appearance of the patient, when first seen after admission :—of his habit of body and temperament ; of the appearance of his eyes, the expression of his countenance, and any peculiarity in the form of his head ;—of the physical state of the vascular and respiratory organs, and of the abdominal viscera, and their respective functions ;—of the state of the pulse, tongue, skin, &c.

*Thirdly*—A description of the phenomena of mental disorder which characterise the case ;—the manner and period of the attack ; with a minute account of the symptoms, and the changes produced in the patient's temper or disposition ;—specifying whether the malady displays itself by way, and what illusions, or by irrational conduct, or morbid or dangerous habits or propensities ; whether it has occasioned any failure of memory or understanding ; or is connected with epilepsy, hemiplegia, or symptoms of general paralysis, such as tremulous movements of the tongue, defect of articulation, or weakness or unsteadiness of gait.

*Fourthly*—Every particular which can be obtained respecting the previous history of the patient :—what are believed to have been the predisposing and exciting causes of the attack ;—what have been his habits, whether active or sedentary, temperate or otherwise ;—whether he has experienced any former attacks ; and, if so, at what periods ;—whether any of his relatives have been subject to

insanity, or any other cerebral disorder; and whether his present attack has been preceded by any premonitory symptoms, such as restlessness, unusual elevation or depression of spirits, or any remarkable deviation from his ordinary habits and conduct;—and whether he has undergone any, and what previous treatment, or has been subjected to personal restraint.

*Fifthly*—A statement, from time to time, of the mental and bodily condition of the patient, and of any changes which may be observed in his bodily health, or in the form of his mental disease—also an accurate record of the medicines administered, and other remedies employed, with the results.

That the several particulars, hereinbefore required to be recorded, be set forth, not in any fixed or tabular form, but in a manner so clear and distinct that they may admit of being easily referred to, and extracted, whenever the Commissioners shall so require;

—And that a Copy of this Order be inserted at the commencement of the Case Book.

Dated this Ninth Day of January, One Thousand Eight Hundred and Forty-Six.

L. S.

*Office of Commissioners in Lunacy,  
No. 19, New Street, Spring Gardens.*



## APPENDIX (E.)

Page 32.

*Rules to be observed with reference to the selection of the Site of an Asylum, additional Asylum, or accommodation for Pauper Lunatics.*

1. The site of an Asylum should be of a perfectly healthy character. A shalky, gravelly, or rocky subsoil is most desirable; but if a clayey subsoil only can be obtained, an elevated position is indispensable, and the foundations must in that case be sufficiently low, not to be affected by the variation of the temperature.

2. The Asylum should be as central as possible to the mass of population in the county or district for which it is to be erected, and should be convenient with respect to its easy access by public conveyances, as well as for the supply of all necessary stores.

3. The site of the building should be moderately elevated, in respects to the immediate vicinity, and (if to be obtained) undulating in its surface, and cheerful in its position with regard to the surrounding country.

4. It should not be near to any nuisance, such as steam engines, shafts of mines, noisv trades, or offensive manufactures; neither should it be surrounded, or overlooked, or be liable to be inconvenienced by the neighbourhood of public roads or foot-paths.

5. The singing courts, pleasure grounds, gardens, and fields annexed to an asylum, should be of such an extent as to afford the patients ample means of exercise and recreation, as well as of healthful employment out of doors: and should, as far as possible, be in the ratio of at least one acre to ten patients.

6. The site should possess the means of affording a constant supply of a sufficient quantity of good water, and facilities for obtaining a complete system of drainage.

*In order to prevent the delay which might otherwise arise from returning Plans for further Particulars or for Alterations, Architects are requested to attend to the following suggestions.*

1. The general form of an Asylum should be such as to afford an uninterrupted view of the country, and the free access of the air and sun; and the several Galleries and Wards should, as far as possible, be so arranged, that the Medical Officer and others may pass through all of them without retracing their steps. Plans upon what is called the radiating, or windmill principle of design, are

invariable, on account of the difficulties which they present in devising the advantages above alluded to.

2. The site of the building should be selected with the fall in such a direction, as to give to the day rooms, corridors, and airing courts, a southern or south eastern aspect.

3. The means of the subsoil to support the intended building without artificial foundations, should be taken into account.

4. Those portions of an Asylum, which are intended to be occupied by patients, should in no case have more than two stories, that is to say, those on the ground and first floors.

5. The accommodation for each class should comprise, beside the exercise galleries, or squares, a room with an open fire-place, easily accessible from the kitchen, in dimensions equal to about ten superficial feet to each patient intended to be received therein.

6. Rooms should be provided for the attendants of each class, and placed so as to be in immediate proximity with the dormitories and closets containing the stores and other articles provided for the patients under their supervision.

7. The separate sleeping rooms should be of the dimensions of nine feet by six feet six inches, and from eleven to twelve feet six inches high; and the dormitories should contain forty-eight feet superficial, and about five hundred and seventy-six cubical feet to each patient; and the several galleries, day rooms, dormitories, and cells should be distinguished by numbers; and the portions of the Asylum appropriated to the several classes of patients should also be indicated by letters.

8. The staircases should be without winders, or long straight flights, and the well should be built up.

9. In arranging the plan of the buildings, it should be shown that there are sufficient means of effecting a complete separation of the sexes.

10. The portion of the building assigned to each sex must have permanent divisions for separating the patients into at least three distinct classes.

11. One-third of the sleeping accommodation should be provided for in separate sleeping rooms or cells, and the remainder in dormitories, each containing not less than three, nor more than twelve beds.

12. In all cases the aged, dirty, infirm, and epileptic patients should be accommodated on the ground floor; and violent and noisy patients should be as far removed as possible from the other patients, and in rooms appropriated to their exclusive use.

13. The staircases throughout the building should be of stone. In all cases the store rooms for inflammable stores should be tho-

roughly fire-proof. If timber floors are used, there must be a disconnection of the floor and joists, at all the internal doorways, by means of a stone sill; similar separations, at not greater distances apart than fifty feet, should be made in the floor and joists of the galleries or corridors; and provision should be made for a complete fire-proof separation of the timbers of the roof, at distances of not more than fifty feet, according to the arrangements of the plan.

14. Suitable accommodation should be provided for the performance of Divine Service, and the attendance thereof of at least half the patients of each sex.

15. Lighting conductors should be placed on the most elevated parts of the building: and they may be connected with the stacks of iron rain-water pipes, which, in that case, should be fixed so as to answer the double purpose of rain-water pipes and lighting conductors. Sufficient provision should be made for warming and ventilating the building, and for the supply of hot water.

16. In all cases where descending or horizontal smoke flues are used, they should be entirely constructed of brickwork, rendered or parge-plastered, inside and out; and flues from any of the hearths or other furnaces, which are carried up through any of the main walls, should be constructed with a hollow space round them, to prevent the inconvenient transmission of heat into the building during the warmer periods of the year, and to allow of a moderation of the temperature of the building at other periods when, owing to a change in the atmosphere, it may become inconveniently hot.

17. Whenever ventilating flues are constructed of inflammable materials, such as quartering, lathed and plastered, a distance of at least thirty feet from their point of connection with any shaft, furnace, roofing chamber, or smoke flue, must be constructed entirely of brick, stone, or other fire-proof material.

18. The roofing chamber for ventilation, together with the adjoining roof, must be entirely fire-proof, and a communication should be made with it, by means of a slate (or iron) door and frame.

19. The supply of water should be equal in quantity to forty gallons per diem for each patient; and it is desirable, if possible, that it should be obtained at such a level as to flow to the highest parts of the building without forcing.

NOTE.—Infirmary, a surgery, clerk's office, and visitor's room; also accommodation for superintendent, nurses, and domestic servants, together with proper offices and other conveniences adapted to each particular establishment, should of course be provided and set forth in the plans laid before the Commissioners.



*Drawings and Particulars to be furnished to the Commissioners in Lunacy, in order to afford all necessary information as to proposed Asylums for Lunatics.*

1. One or more sheets of the Ordnance map, containing the county, borough, or district, in respect to which the Asylum is to be erected; or some other large map in which the situation of the proposed Asylum, and all the public roads and foot-paths in the county thereof, are clearly and fully defined.

2. A general plan of the land, (with the block of the buildings and offices,) and of the extensive grounds, garden, and road of approach, with the levels of the surface of the ground, at the corners of the building, offices, and fence walls, figured thereon.

3. Plans of the basement, ground, and each other floor of the building and offices; also of the roofs and gutters, and of the principal elevations.

4. Elevation of portions of the principal front, and also of any other parts, in which any variation therefrom takes place.

5. Transverse, and longitudinal sections, or sufficient portions thereof to show the construction of every portion of the building.

6. Plan and section of one separate sleeping room, dormitory, and sitting or day room respectively, or of part of the same, showing the method of warming and ventilating each; also of the baths, washing rooms, and water closets, and the construction of the apparatus for each.

7. An abstract of the draft contract and specification, giving a concise statement of the whole of the intended work; and also a detailed estimate of the building, and the prices at which the different materials and workmanship have been calculated in making the estimate.

8. The thicknesses of the walls, and the scantlings of the timbers of the floors and roofs to be figured.

9. The general system of heating and ventilation proposed to be adopted throughout the Asylum, to be fully described in the drawings and specifications.

10. Each plan to show the several classes, and numbers of patients to be accommodated in the wards, day rooms, dormitories, cells, galleries, and sitting courts, respectively, to which each plan relates.

## CIRCULAR.

*Office of Commissioners in Lunacy, 19, Nine-street,  
Spring Gardens, 16th April, 1847.*

SIR,—I am directed by the Commissioners in Lunacy to state that they have had under their consideration the subject of the plans and proposals for the erection of Asylums, required to be submitted to them, pursuant to the 28th section of the Act 8 & 9 Vict. c. 126, and the expediency of adopting some arrangement by which the labour and expense of preparing the ordinary plans and working drawings, to which the Commissioners might feel bound to object, may, so far as practicable, be saved, and the proceedings of the local authorities be thus facilitated and expedited.

With this view the Commissioners have resolved to dispense, at first, with detailed plans and specifications, and to require such preliminary particulars only as may be sufficient to enable them to form a general opinion upon the subject of the proposed site, and the construction and arrangements generally of the Asylum.

The Commissioners have therefore, with the assistance of their consulting architects, determined upon the following plans and particulars, as sufficient for their information in the first instance, viz:—

1. A block plan of the buildings, and siting grounds, showing the dimensions and general levels of each.
2. Sections of such portions of the building as may be necessary to show the relative heights and levels of the several stories.
3. A detailed plan of each floor, showing the several numbers, classes, and description of patients to be accommodated; and also of the siting grounds, and their proposed appropriation, respectively.

These should be accompanied by a description of the proposed method of warming and ventilation; and it would be convenient if the Commissioners were furnished with the Ordinance, or some other large map, showing the site and vicinity.

The several plans submitted should be drawn upon the scales suggested in the papers already circulated by the Commissioners.

It is recommended also that the preliminary plans be drawn in ink, on tracing paper, by which arrangement the architects' plans may remain in power until the sanction of the Commissioners to the same is given, and any alterations can be made therein without delay or expense.

I am, sir, your obedient servant,  
R. W. S. LUTWIDGE, Secretary.





## APPENDIX (F.)

Page 47.

PROPOSED GENERAL RULES FOR THE GOVERNMENT  
OF LUNATIC ASYLUMS;*(Pursuant to the 49th Section of the Act 8 & 9 Vict. c. 126.)*

NOTE.—Some of these Rules will be found not applicable to some Asylums, and others may require adaptation; as in those Institutions where there is no Visiting Physician, or where Private Patients are admitted as well as Paupers, &c.

## COMMITTEE OF VISITORS.

1. That the Committee of Visitors, for the time being, shall meet for the first time on the third [or last]\* day in January; and shall then (after appointing a Chairman and a Clerk to the Visitors,) appoint members of the Committee of Visitors to be a House Committee, for the purposes after-mentioned, of whom three shall be a quorum.

2. [That they shall appoint two of the Committee of Visitors to be Auditors for the year, who shall examine the accounts quarterly.]

3. That the Committee of Visitors shall also meet at the Asylum on the first, [second, third, or last]\* day in April, July, and October, and shall at every such meeting take into consideration, and determine on all contracts, rates of payment, and matters of expenditure relative to the institution.

4. That three or more of the Committee of Visitors shall, once at least in every three months, inspect the Asylum and see every Lunatic therein, and perform the duties imposed on the Committee of Visitors by the Act 8 & 9 Vict. c. 126; and shall, at each visit, insert in a book to be kept for that purpose, their opinion as to the then condition of the Asylum and of the patients therein, and also such other statements and suggestions as they may deem expedient.

5. That minutes of the proceedings of all Boards shall be kept and entered by the Clerk of the Visitors, and that at every quarterly Board, the proceedings of the last quarterly Board and of any intervening Boards, shall be read.

6. That *Regulations and Orders* for the management of the Asylum, shall be taken into consideration and determined on at the

\* Some particular week-day, as Wednesday, &c.

first meeting of the Committee of Visitors; and that other regulations, being consistent with the Rules herein laid down, and with the *Regulations and Orders* for the time being in existence, may be made by any three of the Committee of Visitors, at any general or special Board.

7. That no general rule be altered, nor any new regulation (except such as last mentioned) be made, unless at some quarterly Board, or at some special Board to be assembled for the purpose, of which ten days' notice (stating the particular subject of each Board) shall be given; and that no alteration in the general rules shall take effect until it has received the approbation of one of her Majesty's principal Secretaries of State.

8. That at the first meeting in January in each year, the Committee of Visitors shall make such appointments and perform such duties as may be necessary for carrying into effect the 40th and 42nd sections of the Act 8 & 9 Vict. c. 120; and that whenever a vacancy shall thereafter occur in any of the offices of Treasurer, Chaplain, resident Medical Officer, Visiting Physician, Superintendent, Matron, or Clerk and Steward, the Clerk of the Visitors shall forthwith convene a meeting (conformably to s. 16 of the 8 & 9 Vict. c. 120,) for the purpose of making an appointment and filling up the vacancy.

#### HOUSE COMMITTEE.

1. That at least of the House Committee shall visit the Asylum weekly, and that at least three of them shall visit the Asylum once in every month; and that their respective duties shall be as follows: viz.—

2. To inspect the food, and see that all contracts are performed; also to see all the patients, and all the wards and premises appropriated to their use; and also to inquire and examine as to the conduct and improvement of particular patients; and as to the treatment, health, and general condition of all.

3. To examine and sign the medical and other journals; and also whenever there be three\* of the Committee present, to examine all orders, certificates, notices, and returns relative to patients from time to time admitted into or discharged from the Asylum, or who shall have died therein.

4. To advance sums not exceeding £ , to the steward for current expenses.

\* By the Act of Parliament, the power of hiring and discharging servants is vested in the Committee of Visitors; and it is necessary that three members should assemble, in order to constitute a Committee to perform the duties of hiring servants, and examining orders and certificates, &c.

5. To examine the accounts and report thereon to the Auditors, [If there be no Auditors, substitute "To audit the accounts, and report thereon to the Committee of Visitors."]

6. To make entries in a book to be kept for that purpose, of the result of these visitations.

7. To appoint and discharge attendants and servants; but in all cases of hiring and discharge to take into consideration every report and recommendation of the resident Medical Officer relative thereto.\*

#### VISITING PHYSICIAN.

1. That he shall attend at the Asylum on \_\_\_\_\_ days or less (or on every day) in each week; and shall also visit the patients or any of them at other times if necessary.

2. That he shall have access to every patient; but whilst going through the female wards he shall be attended by the matron or a female attendant.

3. That he shall consult and advise with the resident medical officer, relative to the treatment, diet, and general management of the patients, and make proper entries thereof in a journal, to be kept for that purpose.

4. That he shall attend the quarterly meetings of the Committee of Visitors.

#### RESIDENT MEDICAL OFFICER.

1. That he shall see every patient at least once in each day, and shall give up the whole of his time to the duties of his office, and shall not attend to or engage in any professional or other business or employment, except that of the Asylum.

2. That he shall be Superintendent of the Asylum, and shall have authority to recommend the hiring and discharge of all attendants and servants, and shall also generally have the control over the male attendants and servants, and authority to suspend them, whenever he shall deem expedient.

3. That he shall have a similar control, in common with the Matron, over the female attendants and servants, and shall also have power to suspend them whenever he shall deem expedient.

4. That he shall make a yearly report of the number of admissions, removals and discharges during the year; and shall also, in conjunction with the visiting Physician, make a like report as to the general condition of the patients, and such other matters as may appear expedient for the purpose of showing the state and management of the Asylum.

\* See Note, *infra*, p. 330.



5. That he shall be responsible for the condition of the patients, and shall confer from time to time with the visiting Physician, as to individual cases, the patients generally, their diet, and any other matters affecting the condition of the Asylum.

6. That he shall be responsible for the management and condition of the establishment, and shall have the direction of the medical, surgical, and moral treatment of the patients, and of all general arrangements within the Asylum.

7. That he shall examine every patient on admission, and make proper entries relative thereto; and that he shall see every patient at least once a day, and take care that such medicines as he may deem proper be duly administered.

8. That he shall classify the patients of both sexes; and shall regulate and determine at all times on the diet for sick and infirm patients; and also that he shall have the power, from time to time, of examining and reporting on the quality of all provisions furnished for the use of the patients.

9. That he shall never absent himself for one night or more without the previous written consent of one of the Committee of Visitors; and then only on condition of his providing a person properly qualified to reside in the Asylum, and perform his duty during his absence.

10. That he shall superintend and direct the performance of the duties of the Matron, attendants, and servants, as prescribed by the "Regulations and Orders" of the Committee of Visitors.

11. That he shall at all times, and more especially when the Asylum is entirely or nearly full, promote the exchange of harmless chronic patients for patients whose cases may be recent and supposed to be curable, or who shall be reported as dangerous.

12. That he shall report to the Committee of Visitors, and also to the House Committee, at every visit, the names of every patient fit for discharge, and also the case of every inquest, death, and escape that shall have occurred since the last preceding visit.

13. That he shall keep a Journal, in which he shall make the following entries, viz:—1st. The name of every attendant and servant whom he shall suspend, together with the date and cause of such suspension; and 2nd, The name of every patient fit for discharge, or who shall have escaped since the last visit of the Committee, and all such other facts, observations, and suggestions as he shall deem important, relative to the condition or management of the Asylum or the patients therein. And that such entries shall be read as part of the proceedings, at the next meetings of the House Committee and Committee of Visitors respectively.

## MAYRON.

1. That she shall be under the control of the Committee of Visitors and of the Superintendent; that she shall obey the directions of the Medical Officers; and shall be responsible for the condition of the female wards; and shall have the control over the female attendants and servants, in common with the resident Medical Officer.

2. That she shall use all the female patients and every ward appropriated to their use at least twice a day; and shall report all illness and casualties to the resident Medical Officer, as soon as the same shall occur.

3. That she shall superintend the bedding and clothing of the patients, and shall use her best endeavours to induce the female patients to occupy themselves in needle and household work, and other fit employment.

## CHAPLAIN.

1. That his duties shall be to perform Divine service, and preach one sermon on every Sunday; also to read prayers at least twice in the week; [or, daily, if resident;] and to attend patients whom the Medical Officer shall consider to be in a proper state of mind.\*

## TREASURER.

1. That all moneys shall be paid to the Treasurer; and that he shall keep the accounts, and make them up to the 31st day of December annually; and state the balance, if any, then in his hands.

2. That he shall give security for the sum of £ , unless the Committee of Visitors shall in writing dispense therewith.

## CLERK AND STEWARD.

1. That the Clerk shall also act as Steward, and shall perform all the duties of both those offices.

2. That he shall take care of all the books and papers, (except the medical books,) and of all the stores; and shall be responsible for the quantity, quality, and safe-keeping, of all articles received.

\* In some Asylums (such as the Asylum for the County of Salop, and others receiving Welsh patients) a rule should be inserted to this effect: viz.—That the Chaplain should be able to perform divine service, and converse, in the Welsh language;—and also a rule—That there shall always be a fit proportion of attendants of each sex acquainted with the Welsh language, and capable of conversing with the Welsh patients, and communicating their wishes and complaints to the medical and other authorities.

3. That he shall superintend the weighing and measuring of the provisions, so as to suit the diet tables.

4. That he shall take stock once a quarter, and keep quarterly accounts of all moneys received and paid to the Treasurer; and also of all goods ordered and payments made for the same, in such form as the Committee of Visitors shall direct.

5. That he shall distinguish the building account from the maintenance account, and the accounts of the county from those of the unions and parishes; and shall lay an abstract of the accounts before the visitors at the quarterly meetings, showing the moneys received and paid, and the unions and parishes in arrears.

### GENERAL MANAGEMENT.

1. That the male and female patients be kept in separate wards; and that no male attendant, servant, or patient be allowed to enter the female wards; nor any female to enter the male wards, except in cases where the resident Medical Officer shall deem it advisable to appoint nurses or female servants to attend for that purpose.

2. That the convalescent and quiet patients be, in general, separated from those who are refractory, noisy or dangerous; and that the clean be at all times separated from the dirty patients.

3. That there be at least one attendant for every ward; and that there be not less than one attendant for every twenty-five (or twenty) patients who are tranquil or convalescent; and not less than one attendant for every fifteen (or twelve) patients who are dirty, violent or refractory, or dangerous to themselves or others.

4. That at least one room on the male side, and one room on the female side, be appropriated as infirmaries for the different sexes. (N. B. This rule will be unnecessary, where a building has been expressly erected for an infirmary.)

5. That, during the day, the patients of both sexes be employed as much as practicable out of doors; the men in gardening and kindred, the women in occupations suited to their ability; and that, as a principle in treatment, endeavours be continually used to occupy the minds of the patients, to induce them to take exercise in the open air, and to promote cheerfulness and happiness amongst them.

6. That work-shops and tools be provided; and artisans and others be encouraged to follow their particular callings, and to learn shoemaking, tailoring, and other common and useful trades; and that needle-work, straw-work, and other suitable employments be provided for the women.



7. That an ample supply of books and cheap publications of a cheerful nature (in addition to bibles and prayer-books) be provided, and kept up in case of destruction; and that various means of amusement be placed at the disposal of the patients of both sexes; and that they be encouraged to have frequent recourse thereto.

8. That the airing-grounds, into which the several wards open, be accessible to the patients for at least three hours in the morning, and three hours in the afternoon of every day, when the weather is favourable.

9. That one attendant sleep in or adjoining, and so as to overlook every dormitory; and that he either have a light burning throughout the night, or the means of immediately obtaining a light.\*

10. That no dormitory for male patients (excepting rooms for single patients) contain less than three beds; that a space of at least two feet and six inches be between the beds; and that all the male patients sleep in single beds.

11. That no patient be struck or kept in perpetual restraint or seclusion; and that no patient be restrained or secluded at any time, except by medical authority, or kept in restraint or seclusion longer than is absolutely necessary.

12. That all the attendants be instructed to treat their patients kindly and indulgently, and never to strike or speak harshly to them; and that they be responsible for the safety, cleanliness, and general condition of the patients, and for the ventilation, proper warmth, and good order of their respective wards.

13. That near relations and friends of the patients be allowed to visit them once in every fortnight; but that no visitor be admitted to any patient, if the resident Medical Officer shall state in writing, that he considers the visit likely to be injurious to such patient, or otherwise inexpedient.

14. In case of the illness of a patient, or if the friends come from a distant place, or be otherwise unable to come on a week-day, such patient's friends be admitted to visit on Sundays; during the space of two hours, after morning or evening service.

15. That all parish officers be encouraged to visit the patients belonging to their parish or union, once in every three months, or oftener, on a week-day; and to make particular inquiries, from time to time, as to the treatment experienced by the patients, and their fitness for discharge.

---

\* In large Asylums, it seems expedient that there should be a night-watch, to act under the directions of the resident medical officer.

16. That upon every visit made by a male relation or friend, or by a parish officer, to a female patient, the Matron or a female attendant accompany the visitor and remain in the room throughout the interview.

17. That no stranger be admitted into any part of the Asylum occupied by patients, except by the written authority of one of the Committee of Visitors or one of the Commissioners in Lunacy, unless accompanied by some Medical Officer belonging to the institution.

18. That on the death of a patient, notice be immediately given by the clerk to the parish officers, and also to one of the nearest relations of the deceased (if his address be known), and the body delivered to them, if requested: but that if the body be not removed on the fourth day after death, it shall be buried under the directions of the Superintendent.—Should the resident Medical Officer consider earlier interment to be necessary, this rule is to be dispensed with.

19. That no patient pass beyond the grounds of the Asylum, until discharged by due authority; unless the temporary absence of such patient be permitted under the power contained in the 71st section of the Act 8 & 9 Vict. c. 120; or unless the resident Medical Officer shall give express directions for that purpose.

## APPENDIX (G.)

Pages 41, 50, 56.

*Extracts from the Entries made by the Commissioners on visiting the Houses called the Red House and the White House, Bethnal Green; Hoxton House; and Peckham House.*

RED HOUSE. (*Bethnal Green.*)

In March, three nurses only for 154 patients (female). A Clergyman performs Divine service every Sunday. Commissioners object to two males sleeping in one room, and suggest the disuse of some crib-rooms, and also the appropriation of one house to males and one to females.—In April, one part of male pauper yard noted as requiring to be paved; Superintendent engages to disuse the two crib-rooms; Commissioners observe alterations in the gentlemen's crib-room in progress. There are now four nurses for the female paupers, and two more engaged; four keepers for the male paupers in attendance.—In July, House clean throughout; many of the female paupers employed. Commissioners remark the attention paid to their suggestions. Crib-rooms greatly improved.—In November, House particularly clean; the new crib-rooms excellent.—Commissioners find that the numbers of keepers and nurses have been increased.

House in a clean state, with the exception of some of the beds appropriated to dirty male paupers; but few patients employed.

Religious service performed to about ninety patients.

Commissioners satisfied with the cleanliness and ventilation of the premises. The bread and provisions examined, and found satisfactory.—In July and December, House in good order.

At each of these visits, the Reports state (*inter alia*) that the Establishment is in good order.

Premises clean and the food good. Commissioners satisfied with the distinct infirmaries for patients afflicted with cholera; cottages are also provided for quarantine.—In July, House in good order. The Medical Commissioners report satisfactorily of the precautions taken, and the arrangements made in the Cholera Hospital.

Establishment in excellent order. No case of cholera has occurred for the last nine days. Commissioners highly approve of the arrangements made to meet the dangers of this disease.—In



1832.  
December 13. December, the House found to be occupied by male patients only. A billiard table in progress for the amusement of the patients.

1833.  
April 13. Sixty-five Patients employed. From fifty to sixty attend Divine service, and are much interested with it.—In June, many patients employed in gardening and in household occupations.—In September, a few cases of cholera. Every precaution taken to prevent its extension.—In December, books, backgammon, and cards found to be provided. Some of the patients make straw mats, nets, &c., and others employed in household work.

1834.  
March 25. Much attention given by the Superintendents in finding employment for the patients. At one visit nearly fifty at work in the gardens; at others various numbers employed; some occupied with various games, or reading. At the last visit the provisions and beer tasted and approved.

1835.  
March 26. Many of the patients (on one occasion about one hundred) employed in the gardens, household work, and other ways. At the visit in July, it is reported that a collection of books, to which both private and pauper patients have access, has been made, and placed under the care of a female patient.

#### WHITE HOUSE. (*Bethel Green*.)

1836.  
February 23. Improvement noticed: approbation expressed of new Superintendent and his assistant. Divine service performed every Sunday.  
April 26. —In April, Commissioners express themselves gratified with the superintendence of every part of the establishment.—In July, Establishment in good order, but the premises too confined to admit of complete separation of the sexes. Commissioners suggest the removal of the iron cross-bars from the windows. In October, the cross bars objected to at the last visit noticed as having been removed.

1837.  
February 12. Condition of house very satisfactory. Expensive alterations have been made, contributing much to the comfort of the patients.  
May 26. }  
July 29. } At each of these visits, the condition of the house stated to be  
October 9. } very satisfactory.

1838.  
February 19. Some of the upper rooms in which the dirty patients sleep reported as being not entirely free from an offensive smell. About sixty patients attend Divine service.  
May 26.

Condition of the house very satisfactory at each of these visits,

1831.  
July 24.  
December 26.  
1832.  
March 28.

Premises perfectly clean, and every attention paid to the patients. Religious service suspended, owing to the cholera. July 11.

House in a highly creditable state. No fresh case of cholera for the last fortnight; and the Commissioners commend the care and zeal of the medical attendants. Divine service suspended, owing to the cholera. August 7.

[About this time the White House was appropriated to female patients only.]

The house not so comfortable as at previous visits, which is attributed to the confusion consequent on moving the patients. The Superintendent states that he has employed as many as 120 patients at one time. 1832.  
January 12.

Nothing to require extract. Numbers of the patients employed vary apparently from sixty to between eighty and ninety; and about sixty attend Divine service. April 20.  
June 12.  
September 3.  
November 24.

Seventy-two patients employed. The Superintendents have provided books of amusement for the patients according to the direction of the Commissioners, and have complied with their recommendations as to variation of diet. Food tasted and approved. 1833.  
March 17.

From fifty-two to eighty-six patients employed. At the second visit provisions tasted and examined. June 2.  
July 18.  
November 19.

Many of the patients employed. A liberal supply of books from the library recently established in the house. 1835.  
March 29.  
June 28.  
July 29.

## RED AND WHITE HOUSES (*Bethnal Green*).

(1836.) The Commissioners find that a library of 500 volumes has been provided for the use of the patients; 90 of the male younger patients employed, and many of the females. 1835.

(1836.) The Commissioners suggest that employment should be provided for more of the patients, 90 of 148 males, and 55 of 180 females, being occupied. 1836.

(1837.) The number of male patients employed amounts nearly to 100, and in May the Commissioners find that a shoemaker's 1837.

shop has been established; in July, that a loom has been erected in order to employ such patients as have been weavers; and in December, that various patients are occupied as tailors, shoemakers, carpenters and bricklayers.

Amongst the females, the numbers employed are first between 50 and 60, then between 60 and 80, and finally 100, their occupations being in the laundry, or consisting of needle and household work, and in preparing the cocoanut fibre.

The library appears now to consist of 600 volumes.

1838. (1838.) From this time till the year 1841 the number of females employed ranges from 60 and 80 to 100 patients.

In April, the Commissioners note that they have inspected the provisions, have seen the rations delivered out to the females, and have tasted the meat, bread, cheese, butter, and beer, provided for the paupers, and found all to be of very good quality. From 80 to 90 females employed.

1839. (1839.) From 100 to 120 female patients reported to attend Divine service; different numbers, fluctuating from about 80 to 100 occupied. The Superintendent states, that the numbers lately under restraint have considerably diminished, and attributes the diminution to their being induced to occupy themselves.

1840. (1840.) From 70 to 100 females attend Divine service, and from 100 to 150 employed. At one visit, the Commissioners remark on a larger number than usual being placed under restraint, and inquire into the staff of attendants.

In May, they find ten male pauper patients under restraint, and intimate the necessity of engaging an additional keeper, and in July they find one more keeper placed over the male paupers.

1841. (1841.) In January, the establishment for the males found generally to be in very good condition, but some of the rooms noticed as requiring better ventilation; at the next visit the house reported as being altogether in good order. In March, three patients, and in July, two patients only, out of 250 males, under restraint.

The number of females employed fluctuates from 80 to 160, and the number attending Divine service from 60 to 80. The White House reported to be in good condition, except that at one visit the Commissioners state that two rooms should be improved or dismised, and at the following visit they report that the rooms thus complained of are now dismised, and that new rooms have been erected and appropriated to the reception of dirty and noisy patients.



(1842.) From 60 to 100 patients attend Divine service, and from 80 to 120 employed. In June, the Commissioners recommend the disuse of leg-locks, and direct that in every case of restraint the nurse should obtain the previous sanction of the Medical Officer. In July, it appears that the Proprietor of the Asylum was then causing twenty single rooms to be erected (with a view of avoiding restraint) six of which were to be padded. 1842.

In May, the Red House is visited by Mr. Gordon, who (amongst other observations) objects to some rooms, and suggests that instead of their being new floored (as intended) they should be entirely rebuilt, and the floors raised above the surface of the soil; and, in July, the Commissioners find new buildings in progress, and some of the patients occupied in picking and preparing bricks for the same. In October, the Commissioners find that 120 out of 160 gapers are employed; that there are altogether 240 males in the asylum, and that one only is under restraint.

In December, the Commissioners find the Red House in good condition, with the exception of certain crib-rooms.

(1843.) (*Red House.*) In March the house is found in excellent order; that none of the patients were under restraint, which was avoided as far as possible; that padded rooms had been constructed for the more violent, and that 120 were employed. In May, the Commissioners observe that various improvements have been made, and were still in progress, and that the defects in the crib-rooms (noticed in the Report of December, 1842) had been remedied, the floors having been taken up, and barred drains introduced. In May, two patients under restraint; in November, no patient under restraint, and no coercion used at night. The patients are reported to be clean, with the exception of one boy, who is paid for by his friends, and whom the Commissioners intimate should be better clothed. 1843.

(*White House.*) The Commissioners state that there is much confusion owing to extensive alterations in the building going on. At the last statutory visit in this year it is reported that the classification was already improved, that some of the sleeping rooms were occupied and were well furnished and comfortable, and that the bedding of the gapers was remarkably good. On the first visit there was no patient under restraint, and on the others only one. On two or three occasions there was also one patient in seclusion. The average number of female gapers during this year was about 187.

(1844.) The Commissioners state that the library has been increased to 1200 volumes. 1844.

(*White House.*) On one occasion three females reported to be under restraint; at two visits only one patient, and at the remaining visit no patient whatever. One or two patients were, however, secluded at three of the visits. The numbers attending Divine service fluctuate from 80 to 100; and the highest number employed appears to be 120.

At one visit the Commissioners observed two needle rooms quite full of females, occupied in sewing. At another, they report that the patients employed in needlework had made 500 shirts during the last week. The average number of female patients during this year appears to be about 180.

(*Red House.*) In February, the Commissioners report that Dr. Walsborton is about to pull down the great part of the buildings, and erect new day-rooms and bed-rooms and make other improvements. They also learn that there is a new mode made of employment for the males in cutting out paper maché patterns. The Commissioners recommend a store to be put in one of the sleeping rooms. In June, they report that the patients who work, besides additional food and pocket, have a small pecuniary gratuity. The extra expense of each patient, through this allowance, being, 1s. 8d. per week. That out of the 278 male patients, three (who are dangerous) are under restraint. That extensive alterations for making larger day-rooms, better workshops, and more spacious airing grounds are still in progress.

In October they find that considerable progress has been made in the alterations, and that (although they for a time cause the day rooms to be too much crowded,) they appear calculated to increase the comfort and better classification of the Patients. In December, the food is tasted and the patients examined, and reported as being satisfactory both in quantity and quality.

The number employed ranges from seventy to one hundred patients. In December, the food noticed as being satisfactory in quality and quantity.

(1845.) (*White House.*) At one visit four are under restraint, at another two, and at the two other visits only one. The numbers attending Divine service fluctuate from about sixty to ninety, and the numbers employed from 130 to 150. The average number of paupers during this year was 205.

(*Red House.*) An arrangement made with a Clergyman to visit and converse with the patients once in the week besides Sunday. Between seventy and eighty occupied; two under restraint; and twenty under medical treatment. The new rooms reported to be spacious, airy and comfortable.

In July there are 262 patients; two being under restraint, and

two seclated. At night seven altogether are confined to their beds by wrist straps. A large majority employed. The food inspected and tasted, and the quality and quantity approved. In October there are 285 patients, 176 being paupers, of whom 30 are employed, and 4 under restraint. The pauper patients give a favourable account of the diet, and of the treatment they receive from the attendants.

The Commissioners find that the library has been increased to 1500 volumes; and that seven of the patients have free access to it.

(1846.) *Red House.* There are upon an average 290 patients, about 184 being paupers, of whom 10, 70, and on two occasions, 100 occupied; and, on an average, 20 under medical treatment, one or two under restraint, and two in seclusion. 1846.

(*White House.*) The average number of paupers, 204; under medical treatment, 23; employed, from 150 to 160; under restraint, from 1 to 3; with from 2 to 4 in occasional seclusion. The House is reported to be in good condition, except that on one visit the Commissioners observe a drain which was offensive, and directed it to be remedied, which is accordingly done before their next visit. They also, at one visit, recommend that one of the nurses should be enabled to overlook the Epileptic ward during the night; which is arranged before their next visit. At one visit it is reported that three or four Epileptics are fastened by the wrist at night; but as a general principle personal restraint avoided as much as possible. Prayers and a sermon read on Sunday, attended by a numerous and well behaved congregation; the Clergyman in the habit of going round the house and seeing such patients as desire to converse with him.

#### HOXTON HOUSE.

In February, the floors of the male paupers' bed rooms are found to be not in a satisfactory state; some beds too small; practice of two male patients sleeping in one room objected to; frequent bathing recommended; the bath not used since July last, "when a patient was unfortunately drowned;" scarcely any attempt at employing the patients. 1829.  
February 28.

In April, some objections to the bed rooms and to two males sleeping in one room. A new bath in progress. April 24.

In July—October, 420 patients in the Asylum. The defects noticed in the preceding Reports amended. July 31.  
October 19.

In March, Commissioners direct the hiring of an additional nurse. 1838.  
March 19.



- June 1. They consider that one day in the week allowed for the visits of the patients' friends is insufficient.
- October 26. In October, more occupation for patients recommended.
1873.  
February 20. In April, the bad condition of the building called "The Cottages," (and of the cribs-rooms therein) animal-dressed upon.—In July, the cribs-rooms found much improved; but some beds objected to.
- October 21.
1872.  
March 19. In August, twelve patients reported to have died of spasmodic cholera. The Commissioners direct immediate arrangements to be made for separating the infected patients from the others.
- June 28.  
August 6.
1874.  
January 14. In January, thirty patients, and in April, about forty patients notified as occupied.—In July, the bad state of a room noticed.
- April 6.  
July 2. In September, this room reported as amended and enlarged. Some male paupers noticed as being ill-dressed.
- September 2.  
November 20.
1874.  
March 17. In May, about forty patients employed. The Commissioners direct greater attention to classification.—In July, the want of good supervision and attendance animal-dressed on. The provisions found good, except the ale, which is condemned.—In August, the Commissioners report an additional nurse to have been hired, and that the provisions (including the ale) are good.—In November, sixty patients reported as employed. The bed rooms of the male paupers noticed with disapprobation, as being defective in warmth and comfort.—In December, a special visit was made to investigate the condition and the general management of the Asylum.
- May 13.  
July 11.
- August 21.
- November 27.
- December 11.
1875.  
February 24. In February, the provisions tasted; many female patients reported to be occupied.—In May, about sixty females employed, and various amusements provided.—In July, a deficiency of keepers and nurses reported, owing (as stated) to two nurses and one keeper having quitted the house. The lower bed rooms where the wet male patients sleep, to be carefully examined at next visitation.—In August, these bed rooms inspected and found clean and well aired.
- May 14.  
July 12.
- August 15.
1876.  
January 3. On January 9th, one hundred paupers employed.—On January 28th the Commissioners suggest the purchase of books for the patients.
- January 28.  
April 21. —In April they report that a considerable collection of books has been purchased, and found to be of great benefit; and that the establishment is in a better state than at any former visit.—In July, many of the males and almost all the female paupers employed.—In August, the Commissioners find that a person has been hired to teach the patients to make straw plait.—In December,
- June 19.
- August 11.  
December 10.

they report that they have tasted the food and found it good, and that it is, so they believe, supplied in sufficient quantities.

From sixty to eighty patients employed; and sixty (as stated) attend Divine service.—In July, it appears that there are 261 paupers in the house (108 males and 153 females), with three keepers and five nurses *by day*, and two additional keepers and four female servants placed in the rooms at night.

Throughout this year, considerable numbers of patients (varying from 75 to 98) employed. Divine service regularly performed. The visitation in April was to make inquiries as to the provisions supplied to the paupers, respecting which complaints had been made. The Commissioners inspect the kitchen; see the dinner served; taste the pea-soup, bread, beer, ale, and cheese, which they report to be good. They also inquire into the allowances and routine of diet, which includes four meat dinners per week. The general result of investigation satisfactory.—In November, Commissioners find the straw plaiting given up, in consequence (as stated) of "the removal of the most industrious patients."

In March, inquiries are made into a charge of ill-treatment; and in July, a patient examined, on account of an application having been made for a *labena corporis*. Throughout this year from 50 to 70 patients employed. In March, 25 attend Divine service; in May, prayers read to nearly 200. In August, the Commissioners again taste the provisions, which they report to be good. In December they recommended the purchase of more books.

In April, July, and November 22, Commissioners report the number of nurses for paupers' work to be inadequate.—In April, and July, 100 patients employed.—In July, 370 patients in the House; 264 being paupers. On November 7th, Commissioners find rooms occupied by paupers exceedingly crowded and without any classification.—On 22nd November, they report various improvements in progress for removing these objections.

In February, Commissioners find the establishment in a state of noise and confusion, and altogether unsatisfactory. Several of the nurses new and inexperienced. They insist on the necessity of a staff of steady and experienced attendants.—In April, sufficient keepers and nurses are engaged; the confusion no longer exists.—At the four last visits the house is reported to be generally in good order.—In November, twelve patients under restraint. The Com-

1837.  
March 27.  
May 29.  
July 22.  
December 14

1838.  
March 29.  
April 4.  
June 7.  
July 20.

November 25.

1839.  
January 14.  
March 4.  
May 19.  
June 1.  
July 15.

August 19.  
December 22.

1840.  
April 2.  
July 12.

November 2.

" 22.

1841.  
February 22.

April 29.  
May 24.  
July 18.

November 19.

missioners direct care and forbearance in this respect. About 100 patients employed in various ways.

1843.  
January 1. In January, seven patients under restraint. Improvements noticed in large female pauper ward.—In February, about 100 patients attend Divine service, and 130 employed: eight under restraint.—On 26th June, Commissioners find several new rooms thrown open for the paupers: eight under restraint.—On 20th July they report that about twenty small rooms had been constructed for violent patients, to avoid restraint; that about 120 patients are occupied, and that there are 335 patients in the Asylum, with eleven keepers and fourteen nurses: eight under restraint.—In November the Commissioners report two straw-rooms to be now used for dirty patients; that one is cold, and in its then state not fit for a sleeping room; and they direct the windows to be glazed and means of warming provided. Also, that patients are shut up too long in the straw-rooms: eight under restraint. Some of the beds dirty and many deficient in bedding. The separation of quiet from violent patients imperfect. Not much occupation amongst the males; but a considerable number of females employed.—In December they find the house in better state, and additional flock provided for beds. Classification somewhat better.
1843.  
February 18. In February, 354 patients in the Asylum; upwards of 100 employed; prayers read to about 90: seven under restraint. Dietary examined and transcribed; four meat dinners per week.—In May, Commissioners inquire into dietary of private male patients, which had been complained of. They examine several persons thereon and consider the complaints not without foundation.—In June they examine the dinners of the private patients and find them sufficient, and of excellent quality. They also inspect the larder, and find large quantities of good beef and mutton.—In July, some bedding not sufficiently clean; straw-rooms not yet glazed; diet examined, kitchen inspected, and inquiries made amongst the patients: the result satisfactory. Sixteen patients noticed under restraint, and inquiries made on the subject.—In November, windows found to have been placed in the crib-rooms (straw-rooms); 302 patients in the house; twelve under restraint, several of these however being merely supported by straps in chairs, to prevent their falling out and hurting themselves.
1844.  
February 14. In February, 384 patients: ten under restraint, (four supported in chairs by straps).—In June, 400 patients: fourteen under restraint. There are twelve regular nurses, besides five female ser-



wards, who sleep in the rooms with the female patients; and eight keepers and three supernumeraries for males.—In July, 422 patients; 147 11  
from 70 to 80 employed; twelve under restraint. Commissioners see diners served to paupers; meat, vegetables, bread, and beer; all of good quality. Portions appear unequal; but the patients (in reply to various inquiries) state that they are satisfied with the food, and with the kindness of the attendants. In December, 18  
bedding found to be of very good description, and wards comfortable. Better ventilation required in one of the infirmaries. Some patients affected with diarrhoea. One of the straw-rooms not dry; 400 patients in the Asylum; 12 under restraint. Inquiries made, and various *remedies* assigned for this. From 80 to 90 usually occupied; provisions good and sufficient.

In March, 407 patients in the house. Dinner inspected, and 1848  
found good and sufficient. The rooms, galleries, and infirmary in a March 2.  
satisfactory state. About one-third of patients employed. Commissioners recommend an increase of entertaining publications for paupers.—In June, 424 patients; 13 under restraint. Some patients June 3.  
complain of the dinner as insufficiently cooked. Superintendent interrogated, who promises a proper supply of wholesome food. Commissioners suggest removal of some offensive out-buildings, the space to be thrown into the exercise ground.—On June 11, 11.  
Commissioners inquire as to the cooking of the meat, and find patients now satisfied.—In July, 416 patients in the house; about July 14.  
one-third occupied; four under restraint. Establishment generally 15.  
improved.—In November, 421 patients; four under restraint. Commissioners recommended engagement of a Clergyman to perform the church service every Sunday, also the obtaining beds with movable straps, for patients troubled with bed sores. November 27.  
31.

In February, 432 patients; ten under restraint; about one-third employed. Commissioners recommend boards, with patients' names, to be deposited in each ward. Complaints made as to soap. Inquiries made as to diet; and to be repeated at next visitation. 1846.  
February 12.  
—In April, 417 patients; eight under restraint; almost half the paupers employed. The boards, with patients' names not yet obtained; but stated to be nearly completed. Commissioners again recommend some cheap publications to be obtained and kept up for the patients. They again direct the removal of some offensive buildings. Only two keepers in the large yard, containing spreads of seventy patients. The number sufficient.—In July, 431 patients; 28  
seven under restraint; about one-third employed. Great confusion in some of the female wards; great difficulty in identifying the July 2.  
15.

patients. The staff of attendants reported to be inefficient. Male patients working in the female wards, objected to. In October, 433 patients; nine under restraint, or in seclusion. Patients more tranquil than at last visit. An additional nurse in the ward where deficiency of attendants was particularly noticed. Several beds with only one blanket noticed, and an additional quantity of clothing directed to be supplied. Additional publications purchased for amusement of patients, according to Commissioners' desire.

### PECKHAM HOUSE.

1846.  
October 20. In March, the Commissioners report that there is no classification or separation, except of the men from the women; very few of the patients employed.—In April, they complain that the Surgeon has a private practice, which takes him away from the house many hours every day; that he was not present at their visit, which exceeded three hours; that the pauper yard is offensive, and the male bed rooms require ventilation; and that the dark strong-room is too close. The Commissioners think an *Infirmary most desirable*.—In July they find that since the last visit a Resident Medical Practitioner has been added to the establishment, that the Infirmary is in progress, and that there is considerable improvement in the ventilation.—In October, they find the premises clean and much improved, as regard ventilation; but they report that the pea soup distributed to the paupers is of bad quality, and that the bread is insufficient in quantity.
1848.  
January 20. In January, they report the House generally in a clean and creditable state; but that the kitchen is dirty, and inefficient for the number of patients. They suggest the necessity of improvement.—In April, they find the house in good order; and that since the last visit a kitchen and larder had been built. Provisions and small beer of an inferior quality. Commissioners disapprove of one day only in each week being allotted for visits to the pauper patients.—In May, they find that the friends of patients are allowed to visit them more frequently; but they report that the butter, cheese, and meat, are still of inferior quality; and they state that they shall feel it their duty to intimate to the Board their opinion of the unsuitableness of renewing the licence of this establishment.—In July, they report the house to be in good order, and all the provisions wholesome.—In November, they report that the general state of the establishment is satisfactory, and that the provisions seem to be of good quality.
- July 11.  
November 13.

The Reports during this year are that the House generally is in good order. In November, however, they state that one of the day rooms is offensive from being too much crowded; and that one patient, in solitary confinement, is in a room dark and offensive. The provisions are reported to be of good quality.

1803.  
February 18.  
May 21.  
July 17.  
December 7.

In February, they report the House in good condition; the provisions wholesome; and the day room complained of at the last visit to be in better order.—In August, a visit of inspection made on account of the cholera, when the Commissioners express their satisfaction at the attention paid to the patients afflicted with this disease, but recommend that a complete separate establishment should be provided without delay, with distinct medical attendance and nurses, having as little communication as possible with the Asylum.—And in June, July, and October, the Commissioners report the house to be clean, and in good condition; that many of the female patients were employed; that cards, glass, and draught boards were provided; and that an hospital for twelve patients was in a state of forwardness.

1822.  
February 1.  
August 15.

June 23.  
July 6.  
October 27.

Each of these reports shows that the House is clean and in good order, and the patients generally comfortable.—In March it is stated that the hospital is finished, but not occupied; and that many of the patients are occupied, the females in needle-work, &c., and the males in gardening, &c.—In November, the sleeping apartments are found well warmed with heated air; many of the patients employed, and several amusing themselves with cards, books, and bowls.—In December, the bread, cheese, and beer are tasted by the Commissioners, and found to be of excellent quality.

1833.  
March 5.  
July 1.  
August 11.

November 7.

December 17.

On April the 21st, the Commissioners state that complaints having been made at the preceding visitation, of the quality of some of the food, they had made a special visit to inquire into the subject. They report that the bread, beer, and cheese are good, and that the pea soup is not complained of. They report, however, that the classification is very defective, and suggest the construction of additional courts. A Diet Table ordered to be sent to the effect.—In May, they report the Infirmary for female patients not sufficiently extensive, and defective in ventilation, and recommend improvement in these respects. At the same time they found that extensive additions to the buildings were being made according to their previous suggestions.—In July, they found that the Infirmary had been extended and improved according to their late suggestion, and that the paupers were encouraged (by little gra-

1834.  
April 5.  
" 21.

May 24.

July 22.  
November 28.



times) to employ themselves. At each visit during the year it is reported that the house is generally in good order.

1831.

February 3.

May 31.

July 12.

December 12.

There is nothing which appears to require observation in these Reports. The place is good order.

1832.

February 23.

May 11.

July 24.

November 20.

Nor is there; except that, at the November visitation, the wards and patients were found not in so good condition as on former occasions.

1833.

March 23.

May 27.

July 14.

November 16.

Nor is there; except that three workshops had been erected, and that bed rooms for twenty patients had been prepared. The place is good order.

1838.

February 14.

May 9.

July 5.

November 12.

December 11.

Nothing requiring remark. The House in good order; except that in November some rooms are insufficiently warmed.

1839.

April 6.

June 26.

July 29.

August 3.

October 17.

December 3.

Nothing requiring remark: except that, in April, some rooms appear to be insufficiently warm; and in August the Commissioners suggest that bone or wood furls should be procured for the patients, and that the rice should be made more palatable. In other respects all in good order.

1840.

March 8.

May 26.

July 20.

November 8.

The establishment generally found clean and in good condition; many of the patients occupied—the males in the garden, &c., and the females in needlework and in the laundry, &c. In November, the Commissioners report the number of rooms in one of the female wards (containing patients of the worst class), insufficient.

1841.

February 19.

June 15.

July 12.

November 28.

The House in good order.—In June the Commissioners proceed to Prison Hill, where twenty-five of the male patients are occupied in hawking.—In July they find various alterations and improvements going on, with a view of receiving more private patients; twenty-one hundred papers having been removed to the Surrey County Asylum.—In November, they suggest that the medical Officer should have full authority over the attendants, and they direct that no patient be placed under restraint without being reported to the Medical Officer.

1842.

March 12.

June 12.

July 28.

At the July visit, the Commissioners report that the ventilation is imperfect; that the number of attendants is inadequate. They hear complaints from many of the patients as to the quality of the food, which is not denied by the keepers, who are examined as to this fact.—In August, the Commissioners attend at the dinner

August 1.

hour, in consequence of the complaints made at the last visit, and taste the food, &c., which appears good, and also examine several of the patients and attendants, nurses and keepers. The Proprietor being absent, the Commissioners interrogate the Superintendent, and insist on the pauper diet being regularly and carefully attended to.—In October, it is found that the dietary had been carefully observed, and that the Asylum is in a clean and satisfactory condition.

1842.  
October 2.

The numbers under restraint vary at the first three visits from three to four; at the fourth visit, there are seven, and at the fifth visit, ten patients under restraint. At the first visit, one sleeping room objected to, on account of the floor being slated, and cold. At the fourth visit, the Commissioners call attention to a crib-room, it being damp and ill-ventilated. Complaints made as to the food, which, however, is tasted by the Commissioners, and found unobjectionable. At the fifth visit, the Commissioners suggest that greater use should be made of the pleasure ground for exercise and recreation.

1843.  
January 17.  
March 22.  
May 18.  
July 25.  
December 1.

In January, external additions to buildings reported to be in contemplation. The provisions inspected and found good.—In March, the rooms for the worst class of female paupers found crowded and offensive, and two beds for private patients objected to. Deficiency of spoons and cups for patients at dinner, noticed.—In June, several rooms crowded, which is attributed to the alterations then in progress. One new building occupied. The rooms, &c., in progress good and well constructed. New kitchen being fitted up. Wash-house, laundry, &c., in a forward state.—In July, both the buildings lately erected are occupied, and the new kitchen in use. A large room fitted up as a chapel, and in which the noon temperance dine.—In November, two rooms found offensive. The new premises on the male side well adapted for their purpose.

1844.  
January 14.  
March 10.  
June 17.  
July 14.  
November 14.

In March, five females under restraint; 370 patients in the Asylum, 10 keepers, and 12 nurses. The Commissioners observe that some female patients had bruises, and that the nurses were inexperienced. Some newly-erected rooms (on male side) noticed with approval. Commissioners suggest additional warmth for male infirmary. Two males and ten females in bed; medicine made up daily for between thirty and forty patients; four meat dinners per week. Inquiries made of the patients as to diet; they appear satisfied. In compliance with Commissioners' wishes, the quiet female patients offered to take exercise every Sunday in the garden.

1845.  
March 6.  
" 17.

1885.  
 May 19. On May 19th seven females stated as being under restraint.—  
 " 21. On May 21st, three males under restraint. One male infirm and  
 " 24. offensive, and both without fire-places. Commissioners suggest  
 some improvement, and also the expediency of placing furious  
 July 20. patients in single rooms, apart from the rest.—On 20th July, from  
 seventy to eighty females employed. Scanty supply of looks.  
 Charges made by patients investigated, and one nurse called in  
 " 23. and admonished.—On 21st July, two males under restraint; forty  
 employed.



## APPENDIX (II.)

Page 155, 156.

## No. 1.

## REPORT OF THE VISITING COMMISSIONERS

OF THE

## LINCOLN LUNATIC HOSPITAL.

[*Visited on the 23rd & 24th Sept., 1846,  
by Dr. Turner and Mr. Pringle.*]

WE (the undersigned Commissioners in Lunacy,) visited this Hospital on the two days above mentioned; on the first day inspecting the various wards, yards, cells, and dormitories, appropriated to the patients, and seeing all, and conversing with many of the patients themselves; and on the second day, making various inquiries relative to their classification, medical treatment, and general management; and we now report as follows:—

We found that there were 130 Patients in the hospital; of whom twenty-one males, and fifteen females were private patients, and forty-eight males, and forty-six females, were paupers. Two only were under medical treatment at the date of the last entry made in the Medical Register, which was a few days previously to our arrival; and as we learned from the House Surgeon, no one was taking medicine on the days of our visit.

We were informed that about fifty patients were employed; that twelve attended the Cathedral service on Sundays, and that about sixty are generally present when prayers are read in the hospital. There is no chaplain, or clergyman, who attends the hospital; but the House Surgeon reads prayers every evening. Neither is there any steward or clerk. The House Surgeon and the Mistress, as far as we could understand, perform the duties of chaplain and clerk, and, we believe, of steward; and they also attend all the ordinary visitors who come to inspect the hospital: being compellable under the existing regulations, to go round the ward with every stranger who, from feeling an interest in the establishment, or from mere curiosity, has been led to obtain a Governor's order to inspect the premises.

The hospital is visited by three physicians: Dr. Charlesworth, Dr. Elmhurst and Dr. Nicholson. These gentlemen visit in rotation, each taking a month at a time, and each during his month,

coming every day, (or almost every day,) to the hospital and prescribing for each patient according to his judgment, but apparently without any reference to the treatment adopted by the preceding medical visitor.

The Matron (who was absent, on leave, during our visits,) is Miss Vessey; and the House Surgeon or Superintendent is Mr. Wahl, who, however, according to the rules, is not allowed to prescribe for any of the patients, unless an extremely urgent case should occur; and indeed he has no share whatever, apparently, in their medical or moral treatment. His time seems chiefly occupied in making up any medicines which the physicians may prescribe (there being, however, very little medicine given); in keeping the various Registers prescribed by the Legislature; in superintending the keepers and nurses; and in attending the strangers who visit the establishment, and who (as will be seen hereafter,) are very numerous.

There is essentially no classification whatever amongst the male or female patients. Some distinction is observed, as to accommodation, between the private and pauper inmates: but they all meet in the same dining grounds (the males in one, and the females in another), and the quiet and tranquil—the dirty and clean patients, are intermixed; and, during our progress through the house, we heard several complaints, made by female patients, that they were forced to hear blasphemous and obscene expressions, and see violent and indecent acts—emanating from patients in the same ward, from whom they had no power to dissociate themselves. We are disposed to think that the list of injuries and acts of violence which we have set forth in the Schedule appended to this Report, and which we extracted from the "Daily Return Book," is of itself almost sufficient to condemn the system of non-classification that prevails in this establishment. It will be seen, by reference to this list, that almost every injury resulted from a blow given by one (or more,) of the patients to another patient.

In confirmation of our opinion, we think it well to set forth one or two extracts, which we made from the Books of the Asylum—one being the "Physician's Book," and the other the "Committee Book."

On the 24th August, Dr. Nicholson (who was then the visiting Physician) protests against the mixture of patients. He states that "E— H—, (a patient,) had seized J— A—, an insensible patient, by the throat, and had left the marks of her hands there; and that M— H—, (another patient,) had given the same J— A—, a black eye."

On the same day (24th August) at Board meeting, where the President of Lincoln, Dr. Charlesworth, and Mr. Brooks (three of the Governors) were present—for Dr. Charlesworth is a Governor as well as a Medical Officer—it was resolved that "An occasional outbreak is no reason for discontinuing a system which appears to have been attended by such good effects."

On the 31st August, Dr. Nicholson again enters a protest. He says "I do maintain that it is highly prejudicial to the orderly and the convalescent patients, to mix them, without regard to their rank, with the epileptic, the idiotic, the dirty, and the disorderedly."

And on the 7th September, at a Board, where the following Governors were present, viz.:—The President of Lincoln, Dr. Charlesworth, Mr. Graham, and Mr. James Snow, it was resolved, (the Physician's Report of the 31st of August having been read)—That sufficient notice of the subject had been taken on the 24th August; and that the Board decidedly differ with the opinion therein expressed "that ever since the disorderly department were broken up, there has been a retrograde movement in the moral treatment of the patients." It does not appear whether Mr. Graham concurred in this resolution, or was in a minority.

It will be seen, by the above extracts, that Dr. Charlesworth acts both as a Governor, and as a Medical Officer, and that in the former character he condemns the objections of one of his colleagues to a system, which in fact is essentially his own.

We observed great confusion and noise in the lower female wards, during the whole of our visit; so much so as materially to interrupt our examination of the patients, and quite sufficient, we think, to destroy the comfort of such patients as were disposed to be tranquil, of whom there were several. No mechanical restraint is permitted, and to this system we offer no objection; but there is no room where a violent patient can be secluded, and this is in our opinion a defect, and a serious injury to the comfort and well-doing of the other inmates.

The wards and dormitories were warm, clean, and upon the whole sufficiently ventilated; but the doors of the male and female wards, on the ground floor face each other and are glazed; so that the patients of both sexes can see each other at all times. We also remarked two bed rooms, in each of which two male patients only sleep. We have already recorded our objections to these last-mentioned arrangements in the Visitor's Book of the Hospital; and we have now merely to repeat them. The objections in each case are obvious.



The proportion of attendants to patients, in the Lincoln Asylum, seems ample; there being six keepers and six nurses to only 130 patients—thus averaging one attendant for every eleven patients. In Asylums where some classification prevails, this number of attendants would be quite sufficient, we think, to ensure quiet and comfort to the patients, and to prevent the occurrence of so many acts of violence as are set forth in the Schedule to which we have before adverted.

The attendants appeared to us to be well conducted and gentle; and we had opportunities of seeing the patience of one or two nurses tried during our visit. We learned that one nurse who had struck a patient with a key, so as to produce a considerable flow of blood, had been lately dismissed for the offence.

The patients, with some exceptions, were clean and well clad; a few dirty and violent patients, however,—(some of them being in the habit of tearing their dresses, we believe)—appeared to us to be but indifferently clothed.

According to the rules of the Hospital, the male and female patients are not allowed to associate with each other, but are to be kept separate. It will be observed, however, by our preceding remark concerning the two glazed doors on the ground floor (through which both sexes may see each other), that the rules are not effectually carried out in this respect. Indeed part of the airing ground appropriated to the male patients runs under the windows of wards appropriated to females, and some circumstances have recently occurred that induced us to press upon the Governors of the Hospital the necessity of immediately erecting some fence (and providing altogether sufficient means) to prevent the female wards from being approached by the male patients. In the 'Physician's Journal,' under the date of 29th August, we found an entry to this effect, made by Dr. Nicholson; viz.:—"Nurse S— stated that she saw Mr. H— a fortnight ago expose his person "to the female patients—and that she has seen him do the same "on other occasions;—also, that she has frequently heard him "make use of obscene language at the gallery and day-room "windows of the female patients.—Attendant C— S— has "just mentioned that he yesterday morning heard J— B— "make use of obscene language to the ladies in the lower south "room, and also to the Matron."

Occurrences of this sort should obviously be put a stop to, without delay. We do not attribute to the Governors or Medical Authorities any indifference on this point; but no steps had been taken to prevent a repetition of the acts complained of, at the time of our visit (which was nearly a month after the date of the

Physician's entry), except by enjoining greater vigilance on the part of the attendants, we thought it right, by an entry in the Visitors' Book, to suggest the immediate erection of a fence in above-mentioned.

Having adverted to the large number of strangers who are allowed to import this establishment, we beg to say that we examined 'The Strangers' Memorandum Book,' in which, according to the Rules of the Institution, all visitors are required to enter their names; and we found that the number admitted in one month only (August last) by the orders of Governors, amounted to 311. A large proportion of these names were evidently written by uneducated persons, and we were thereby induced to suppose that many of the visits arose from mere curiosity—a supposition which the answers given to our inquiries tended very much to confirm. We think that this system of (apparently almost indiscriminate) admission is extremely objectionable. We think it likely to prove injurious to the Patients, and it assuredly tends to reveal the calamity of many individuals, which the law intended to protect from public observation. It is undoubtedly proper that establishments of this nature should be inspected by competent persons. Independently of its being obviously necessary that the friends of the Patients should have access to them, it is desirable that the Patients should be frequently visited by the Visiting Committee: it is also desirable that the establishment should be occasionally visited by the Magistrates of the County, and by men of science, or experience in insanity, in order "that its real state may be at all times ascertained," and that improvements may, from time to time, be suggested; but beyond this, we think that the power to grant admission to visitors should be limited to a small number, and should be even then very sparingly and discreetly exercised by the Governors of the Hospital.

The supply of books is very scanty—bibles and prayer books are provided; and one copy of each of the following little weekly publications is taken in, for the use of the Patients, viz.:—*Chambers' Journal*, *Chambers' Miscellany*, *Punch*, the *Illustrated London News*, and the *Sunday Times* (the cost of the whole being less than eighteen pence per week). This provision is obviously insufficient to amuse and occupy the minds of 130 Patients. The Commissioners who last visited this institution recommended that some light and entertaining books should be prepared, but their recommendation has not yet been attended to.

The food provided for the Patients is much the same as heretofore, the ordinary dietary being as follows:—(subject to some few

occasional variations, which do not affect the quantum of food allowed), viz.:-

BREAKFAST.—	Bread, 6 oz.; new milk, 1 pint	for Males.
"	Bread, toasted, 6 oz.; tea, 1 pint	for Females.
DINNER.—	Meat (cooked and free from bone), 4 oz.; bread, 3 oz.; potatoes or other vegetables, 16 oz.	for Males.
"	Meat (cooked and free from bone), 4 oz.; bread, 3 oz.; potatoes or other vegetables, 12 oz.	
SUPPER.—	Bread, 6 oz.; new milk, half a pint	for Males.
"	Bread, toasted and buttered, 6 oz.; tea, half a pint	for Females.

This dietary does not seem objectionable, except that water is given instead of malt liquor, which is prohibited as an article of diet; contrary, we understand, to the opinions of Dr. Cookson (who preceded Dr. Nicholson as one of the Physicians of the Hospital)—of Dr. Nicholson himself—of Mr. Graham, the late House Surgeon; and contrary also to the practice of almost every public institution for the cure of Lunatics in England.

And here we think it right to draw the attention of the Board to the mode in which the medical department of this Hospital is conducted. It will be observed that there is a resident House Surgeon or Medical Superintendent, who is prohibited, except in cases of extreme urgency, from prescribing for the Patients; and also that there are three Physicians, to whose skill and care the Patients are entrusted, and who visit the Hospital by rotation. It happens, unfortunately, that great differences of opinion exist between these three Physicians as to the medical and moral treatment to which the Patients should be subjected. One of them, Dr. Nicholson, advising classification; prescribing opiates occasionally to allay the restlessness of Patients who are sleepless or in an excited state; and recommending the adoption of beer or wine as part of the ordinary diet, and frequently ordering them for particular Patients: the other two (Dr. Charlesworth and Dr. Eunkirk) being adverse to classification; rejecting opiates in all cases; and ordering beer and wine very rarely, and then only as medicines in extreme cases when stimulants or tonics are imperatively required.\*

As each of these three gentlemen visits the Hospital for a month only at a time, and during that period prescribes for the Patients

\* It is worthy of remark that there is a standing order of the Governors (who are not a medical body) by which the use of opiate to produce sleep, and also the use of beer and wine as parts of the diet, are prohibited.



according to his own peculiar views, and apparently without reference to the plan pursued by his predecessor, the consequence is, that the Patients in this Hospital can never have the benefit of any uniform system or mode of treatment. Where a Physician (Dr. Nicholson, for instance) has adopted a certain mode of treatment during his month of visitation: upon his retirement, his system is immediately discontinued by his successor. He is not permitted, as in common hospital practice, to continue his mode of treatment until the Patient is relieved or recovers; but his authority is immediately superseded by a practitioner whose opinions are known to be entirely opposed to his own.

It appears, by the 'Physician's Journal,' that Dr. Nicholson visited the Hospital throughout the whole of August last, and that he was succeeded by Dr. Charlesworth on the 1st of September. It appears also (amongst other things) that Dr. Nicholson on the 30th of August, directed porter to be given daily to sixteen Patients, and wine to one (named B——). On the 1st of September (the first day of Dr. Charlesworth coming into office) he ordered twelve of these Patients to discontinue the porter, and B—— to discontinue the wine. Now this order of Dr. Charlesworth must necessarily have been given with a very imperfect knowledge (if any) as to the amount of benefit which the Patients had received from Dr. Nicholson's order. Mr. Walsh, the House Surgeon, did not, as he stated, in answer to our inquiries, report against the wine and porter ordered by Dr. Nicholson; and it was impossible that Dr. Charlesworth could judge accurately as to the effects of those tonics or stimulants, inasmuch as he was not in attendance at the Asylum, and could not therefore know the previous condition of the seventeen Patients to whom the porter and wine had been given.

In the case of a male Patient named W——, Dr. Nicholson prescribed an anodyne in the month of August, in order to allay restlessness, and, as we were informed, with good effect. This Patient again became restless in the month of September; yet we learned on inquiry, that no means had been used to procure sleep, and in fact that he had not had the benefit of any medical treatment during Dr. Charlesworth's attendance in September; although at the time of our visit we were informed that he was then "generally restless," and indeed we ascertained, by examining the keepers, on the 24th of September, that this Patient had been sleepless throughout the whole of the preceding night. We also ascertained from some of the keepers and nurses, that other Patients had been restless during considerable portions of the same night; viz.—that M—— B—— had been restless throughout the night, and had slept for a few minutes only towards five o'clock in the morning:

that Miss L—— and M—— R—— had been restless during a considerable part of the night; and that W—— B—— had been restless for three hours, and J—— Y—— for two hours and a half. On inquiry, we found that none of these Patients were then taking any species of medicine; and also that (although it appeared from the last entry in the Medical Visitation Book, that two Patients had been recently taking medicine), no Patient in the Asylum was, at the time of our visit, under any medical treatment whatsoever.

On referring to the Physician's Journal, under the date of the 21st of September last, we found that the above-named M—— B—— was admitted into the Hospital on that day. She is there reported to be suicidal, and dangerous towards others, and disposed to tear her clothes: to be reduced by cholera, but that otherwise her bodily health was good. On the same day it appears, from the same Journal, that the before-mentioned J—— Y—— was also admitted; that it was his first attack of insanity, which was owing to intoxication. No medicine, as we were informed, had as yet (24th September), been given to either of these Patients. The female Patient (M—— B——) was particularly distinguishable as turbulent and uncontrollable during the day on which we inspected the Asylum.

Since the last visitation of the Commissioners on the 29th day of November last, there have been (besides one escape) forty-five admissions, seventeen discharges, and three deaths in this Hospital. We have, at present, no means of ascertaining the numbers during the entire year 1846; but, according to the Report, published in 1845, on the "State of the Lincoln Lunatic Asylum," the Admissions, Recoveries, and Deaths, in the Institution, during the five years from 1840 to 1844 inclusive, appear to be as follows, viz:—

A.D.	Admissions.	Deaths.	Recoveries.	Removals.	Average number in the Asylum.
1840	27	16	50	20	104
1841	20	15	77	24	92
1842	31	17	55	27	105
1843	45	20	26	24	111
1844	58	14	11	47	109

Some deduction must, however, be made from the amount of recoveries, inasmuch as, out of the 389 Patients who were discharged from the Hospital as cured (from 1820 to 1844 inclusive), 139 have been re-admitted.

At the end of the above-mentioned Report is an Appendix, containing the proceedings of the Lincoln Asylum relative to

classification, restraint, and other matters. These proceedings refer occasionally to certain 'Rules,' some of which, we presume, have been abolished, as we do not perceive them set forth in the printed 'Rules' (of 1841—1843) which were delivered to us, as the Rules now in force at the Hospital. We inquired whether these Rules were hung up in the 'Visitors' Room' pursuant to the 43rd section of the Act 8 & 9 Viet. c. 100, and were told that there was no Visitors' Room, but that they were placed in the Committee Room, where we saw them, and where, as we understood, they were always open to inspection. As the Committee Room apparently contains the various Registers, Certificates, and other books and papers belonging to the Institution, we presume that it can scarcely be open to the examination of all the visitors who are allowed to come in large numbers to inspect the Hospital. If our surmise be correct, the Act, which has in view the promulgation of the Rules, is not strictly complied with.

In concluding our Report, we beg to submit to the consideration of the Board, whether or not it be expedient to communicate with the Governors of the Lincoln Hospital, with the view of promoting some amendment in the existing Rules of that Institution, as they regard, first, classification and separation of the sexes; secondly, the almost indiscriminate admission of strangers; thirdly, the dietary; fourthly, the power and duties of the House Surgeon; and fifthly, the practice of turning over all the Patients every month to a new Physician, by reason of which no Patient in the Hospital has or can have the benefit of any uniform system of medical or moral treatment.

(Signed)

B. W. PROCTER,                      1 Commissioner  
THOS. TURNER, M.D.,            in Lunacy.



SCHEDULE OF ACCIDENTS, EXTRACTED FROM THE "DAILY RETURN  
BOOK" OF LINCOLN HOSPITAL.

Date.	Nature of Accident.	Cause.
1846.		
June 22nd	A black eye . . .	By patient.
" 23d	Bruise on hip & side	Scuffle with attendant.
" 30th	Bruise on eye . . .	Struck by P—— and another patient.
July 1st	Bruise on eye . . .	Struck by P—— and another patient.
" 4th	Bruise on face . . .	Fell in a fit.
" 5th	Black eye . . .	Struck by H—— and another patient.
" 28th	Bruise . . .	Trying to get up chimney.
" 15th	Black eye . . .	Struck by patient.
" 15th	Bruise . . .	By rocking-chair.
" 23th	Bruise . . .	Struck by T—— and another patient.
" 30th	Bruise . . .	Struck by P—— and another patient.
" 22nd	Black eye . . .	Fell in a fit.
" 23rd	Black eye . . .	Struck by patient.
" 25th	Scratch on nose . . .	By H—— and another patient.
" 28th	Black eye . . .	By P—— and another patient.
Aug. 3th	Bruise on back . . .	In getting out of window.
" 18th	Bruise . . .	Fell out of bed.
" 19th	Black eye . . .	Struck by G—— and another patient.
" 20th	Bruise . . .	From a fall.
" 20th	Bruise . . .	Unknown.
" 22nd	Scratch on brow . . .	Head against wall.
" 24th	Black eye . . .	Struck by H—— and another . . .
" 25th	Black eye . . .	Fell down.
" 25th	Cut on head . . .	Struck by a nurse, who was disordered.
" 28th	Two lacerations . . .	Unexplained.
" 31st	Bruise . . .	Struck by a patient.
Sept. 2nd	Bruise . . .	Struck by H—— and another patient.
" 5th	Two cuts . . .	In breaking glass.
" 8th	Bruise . . .	Fell down a step.
" 12th	Fracture . . .	Thrown down by P—— and another patient.
" 13th	Bruise . . .	Getting out of bed.
" 16th	Bruise . . .	Kicked by P—— and another.
" 17th	Bruise . . .	Not accounted for.
" 19th	Bruise . . .	Struck by S—— and another.

No. 2.

STATEMENT (IN ANSWER) OF THE GOVERNORS  
OF THE  
LINCOLN LUNATIC HOSPITAL.

THE Report of the Two Visiting Commissioners appears to have been based upon communications forwarded to them from this place, which were not communicated to the Board of Governors, and of which all mention is avoided in the Commissioners' Report. They seem to have taken it for granted that every complaint made, and every objection made to the improvements in the system of Asylum management, must of course be well founded; and they thus seem to have committed themselves to a variety of questionable matters, as the result of their own inquiry, research, and observation. In all important improvements, hostility must be expected; and, if the Commissioners are to make a practice of hastily pledging themselves as a party to such opposition, they must ultimately, as in the case of abolishing instrumental restraint at Haswell, place themselves before the European public as opposing improvement, rather than anxious to encourage and promote it. They have, moreover, made mistakes relative to many points, as any stranger may easily do; and, it is to be lamented that this source of misunderstanding was not avoided by a reference to the acting physician, who was at hand, and would have cheerfully given any explanation in his power; and who, they must have known, was a person most capable of explaining a system which, in their own Report, they call "essentially his own."

In examining a Report of such length, and which discursively, and by allusion, sits at so many points, there is considerable difficulty as to the mode of treating them, as there is no wish to evade a single article of charge, however casually introduced; and this must cause some apparent want of continuity in the following remarks. On the most important points of practice it is thought best to throw into the form of an Appendix a series of extracts from previous Annual Reports; which will have the advantage of showing that these matters have not been got up for the occasion, and to meet a difficulty—but, that they have been the subjects of serious and grave deliberation, and experience, for a long course of years.

## STATE OF THE HOUSE.

The two visiting Commissioners give full credit to the general management of the house upon the important points of warmth, cleanliness, and ventilation; and they also state, that the number of attendants is small, in proportion to that of the Patients. This management, however, the Governors consider as the natural result of their having adopted a comprehensive system, which embraces the abolition of instrumental restraint, and substitutes the necessity of moral control and vigilance; in having modified the former modes of classification; in an allowance of a more open communication through the house and grounds; in the pervious doors; in the appointment of a head attendant and head nurse; in the disengagement of the House Surgeon and attendants from distracting duties; and in the endeavour to secure from the House Surgeon frequent inspection of the Patients; in the medical superintendence being distinct from the local and responsible medical agency; and, above all, in the liberal admission of the public eye, to detect and expose neglect, and afford merited public approbation to vigilance and attention. The Governors, however, cannot avoid noticing, that every instance of approbation yielded by the two visiting Commissioners, is invariably accompanied with, and ever used as an introduction to some expression of censure.

## DRESS.

The two visiting Commissioners ought to have been informed, that the Patients they think to be intentionally dressed in a sort of strong ticking, which cannot readily be torn; and, in the same manner the blankets, which they would tear up, are made in ticking: practices which would be found very convenient elsewhere in obviating some of the many excuses for instrumental restraint. The house, however, does not clothe the Patients, and is bound merely to keep the clothes in which they are sent in good repair and clean; except where the Patient requires new clothing to be provided at the charge of the friends.

## INSTRUMENTAL RESTRAINT.

The two visiting Commissioners observe, "no mechanical restraint is permitted, and to this system we offer no objection." The Board of the Lunatic Asylum has reason to feel much hurt at this mode of treating the greatest improvement ever made in the management of the insane. Is the Board to consider that the abolition of instrumental restraint is only tolerated by the visiting



Commissioners, and that they have a latent dislike to it, which is repressed by the overwhelming weight of public opinion? Some allowance might be made for the difficulties of private practice, or for men keeping private houses, in which the Patients are sometimes sacrificed to an economy in the employment of attendants. But in public institutions, nothing of the kind should be suffered in any shape; as even a little will lessen the whole institution into oppression and neglect. The public are so determined upon this matter, that an appeal to the sordid passions of a Middlesex mob, on the ground of expense, was not successful; and, when an array of casualties was selected, they were well aware that such casualties were manifestly more numerous, when chains alone were looked for as security, and so frequently failed in affording it. (*See Lincoln Annual Reports, Passim.*)

#### SECLUSION.

The two visiting Commissioners observe: "there is no room where a violent patient can be secluded."

If by seclusion the two visiting Commissioners mean "solitary confinement," it should be observed that such rooms formerly existed, and have been intentionally abolished. The violence of Patients is now readily controlled by the watchfulness of attendants, rendering solitary confinement totally unnecessary. The Lincoln Board prides itself upon the abolition of seclusion as a means of control, considering this improvement as next in importance to the abolition of instrumental restraint; requiring, indeed, like the former improvement, a liberal supply of attendants not distracted by other employments. (*See Appendix.*)

#### SECLUSIVE CLASSIFICATION.

The two visiting Commissioners observe: "there is essentially no classification whatever amongst the male or female patients."

The question of classification is discussed in the *Annual Report* printed in the present year. The change lately introduced in this Asylum does not arise from want of means of enforcing the customary notions on classification; but from a conviction that these notions have been carried to an erroneous extent; and an impression that the seclusion of a particular class of Patients only tends to aggravate and increase the inconveniences which have been made the ground of such exclusion. The ideas of classification, and too many of the practices relative to the insane, have been deduced from the economy of prisons. But a Lunatic Asylum is not a penal establishment, and the details should be worked out in a wholly different spirit. The two visiting Commissioners, for in-

stances, talk of "keepers" and "cells." The word "keeper" is not used for the word "attendant," in this house, as being suggestive of the idea that Lunatics should be treated like felons; and for the same reason sleeping rooms are not called "cells." The Report will explain the manner in which a variety of apartments and ample airing grounds operate to secure the alleged benefits of exclusive classification, without its evils. The new system is still, in some degree, an experiment; and the fact that the epileptic on the male side, and certain disorderly Patients on the female side, are still separated, shows that there is no wish to conduct this interesting experiment in a reckless manner. The number of convalescents is rarely three, oftener two, or one, or none; the parties being returned to their friends as soon as possible. To force these persons to the confinement of one apartment would obviously be most unpleasant to them, and probably prejudicial. At Lincoln the "dirty Patients" are not allowed to constitute a recognized class, liable to be neglected, and perhaps left in their dirt, but are instantly cleaned; and hence, therefore, it is not requisite to banish them from all improving influences. It has been practically found that dirty habits have been greatly abated by the adoption of the system. When the visiting Commissioners have had as much experience as some of the Governors of the Lincoln Lunatic Asylum, they will see the necessity of being on their guard against cases created and got up for the very purpose of defeating any improvement in progress.

#### INDECENT HABITS.

The two visiting Commissioners give two quotations from the "*Physician's Journal*," specifying two cases of indecent conduct on the part of the patients.

The tendency to indecent habits of some male and female Patients in a Lunatic Asylum, is not to be overlooked. To the consequences of this, the matron and nurses are exposed, but consider them as mere indications of disease. Fortunately other Patients are disposed to look upon it in the same light, or so little attend to it that it scarcely vexes them from their own insane abstraction. The case of male and female Patients inclined to the use of improper language, must of course, among other matters, be fully weighed and considered, in working out the modification of the method of exclusive classification; and, it is probable, that their temporary removal from certain parts of the establishment and grounds, may induce them to exercise that self-control, which they are bound to exercise at the balls held in the house, when strangers are present, and special decorum expected. It happens

that one of the terraces of the male airing grounds, lies under the windows of the female wing: and it would appear that this circumstance has been abused two or three times in the course of nearly thirty years, through an act of gross neglect on the part of the attendants. A nurse who witnessed it, most improperly concealed the fact from the Matron and House Surgeon, for a whole fortnight. The Commissioners recommended a fence to be erected, so as to cut off this terrace from the front grounds; forgetting that a fence high enough for any useful purpose must obstruct the beautiful view, so pleasing and advantageous to the female Patients. The Board is travelling upon principle to reprove to the attendants any substitute for their own watchfulness; and would rather throw additional labour upon them, by stationing one of them as a sentry, than seem to sanction or recognise any negligence on their part, which might form a precedent for mechanical substitutes for vigilance under any other difficulty; a principle quite contrary to the practice of this house, and always hurtful to the discipline of an Asylum.

#### PERVISION.

The Board of Governors consider the objection made to the two glazed doors, on the ground of separating the sexes, as being dismissed without due consideration.

These two doors are at the opposite ends of a corridor above fifty feet long, nor have the Patients been observed to examine each other through them. It is very remarkable that the two visiting Commissioners were not struck with the appearance of these glazed doors, as part of the system of pervision pervading the whole house; giving a great air of cheerfulness; and acting as an important protection to the Patients, who are thus forced on the eye of the superior officers, whenever they pass from their private apartments; and, indeed, an improvement which might be beneficially recommended to other institutions.

#### ACCIDENTS.

It is remarkable that the two visiting Commissioners should not have been struck with the existence of the "Register of Accidents," as indicative of the determination of the Board of Governors to probe every evil to the bottom, and to extirpate nothing; careless of the trifles and vagaries which may be made of such a document. It is supposed to be the only document of the kind in existence, and should be everywhere recommended. The Board has a full persuasion that in no Lunatic Asylum of the same extent, are there fewer accidents. Under the restraint system, bruises from



the use of instruments and the struggles to impose them, and from ill-usage falsely imputed to such struggles—and the greater violence of the patients themselves—made such marks too common to be considered worthy of observation. Were it possible for these Commissioners to examine the persons of the inmates of any establishment whatsoever of the same extent, with the minuteness observed at Lincoln, the Governor would be glad to see the result of a comparison. The two Commissioners state their opinion that "the 'Daily Return Book' is, of itself, almost sufficient to condemn the system of non-classification." Unfortunately for the remark, it so happens that the number of accidents, since the modified classification, is only about half what it was previously; partly owing to the increased efficiency of the attendants, and partly to the increased cheerfulness and the diminished irritability of the Patients themselves. It is also singular that the period selected should have commenced during a vacancy in the office of House Surgeon (and on the day when their correspondent, the late House Surgeon, was under the necessity of retiring from his situation, in consequence of his misconduct). In order to show the inaccuracy with which the entries have been transcribed, the Commissioners' schedule and the actual entries should be placed side by side. On comparing the list of accidents given by the Commissioners with the house record, it will not fail to strike the most ordinary observer that, in thirteen instances, the word "and" has been interpolated, wherever the name of the Patient is given who inflicted the injury; so as to give the appearance of a combination of two Patients to injure a third; whereas, in fact, no such combination ever existed. And, the statement "that almost every injury resulted from a blow given by one or more of the Patients to another Patient," is perfectly unfounded; combinations being contrary to the habits of the insane. Equally unfounded is it that ALMOST every injury was caused by the violence of Patients; for, of the thirty-four cases here detailed, extending over a period of three months, and including injuries occasioned by being scratched, thrown down, or even pushed, by other Patients, as well as actual blows, there are only seven, or just one-half of the total number, so caused; a result very different from the assertion "that ALMOST every injury resulted from a blow," &c. But interpolation is not the only unfairness in the professed extract from the "Daily Return Book": the "black eyes," and "bruises on the face," are copied with surprising accuracy; but where the injury is recorded as having been inflicted on some other part of the person, that information is almost invariably suppressed in the transcript; "A bruise on hip and side" in a scuffle with an attendant, and "a bruise

on lock," is getting out of a window, are duly recorded; but rare other cases of injury to the arm, wrist, knee, leg, or foot, which could also be discovered by personal examination on the part of the attendant, or be observed when the patient was bathing, (by the House Surgeon if a male, and by the Matron if a female patient), are merely set down as "bruises," without any other description. It is impossible to account for these omissions (which cannot be supposed to have been made by the visiting Commissioners themselves), on any other supposition than that the transmitter was determined to suppress every evidence of vigilance of inspection, and to enhance as much as possible the number of apparent cases of brutal personal violence. But it would be tedious to enumerate all such cases of erroneous reference and misquotation. It seems to be taken for granted by the Commissioners, that accidents, because they are not recorded, never occur where the seclusive system is adopted; a gross error, of which farther familiarity with the workings of an Asylum will disabuse them. The most oppressive system of instrumental restraint did not prevent accidents, and fatal accidents in great number. The vigilance produced by its discontinuance materially diminished the number of accidents; and it has been still farther reduced by relaxing the severity of the seclusive classification. Many of the accidents, moreover, are the result of ebullitions of mere temper, rather than of insanity. In the array selected from the *frank and honest Journals* of the house, it will be seen that there is only the average proportion of one accident per week among 120 mad individuals. Accidents are more numerous in schools, workhouses, ships, and other bodies, because the effects of temper are more frequently exhibited than among the insane. As for the intermixture of the more insane with the more orderly, it is a fact that the latter are disposed instantly to come forward and interfere to put a stop to outrage, personally, or by calling the attention of an attendant; and, indeed, their supervision, of itself must exert a wholesome influence on the conduct even of the attendants, towards patients under the more depressed forms of the disease.

### NOISE.

The two visiting Commissioners remark upon some interruption they experienced from noise in one of the galleries; they seem to be little aware of the chilling, depressing, and fatal influences, which usually promote the stillness they admire; and, which they should always look upon with suspicion. The question of noise is touched upon in the Annual Report of this year; and the modification of seclusive classification has, on the whole, mitigated this

inconvenience. It may be questioned whether the greater noise in the female department may not indicate some bodily condition, depending on the more sedentary habits of the sex, and to be mitigated by greater variety of scene, free range of motion, and more carefully encouraged exercise in the open air.

### FAMILY PRAYERS.

Prayers are read every evening by the House Surgeon or Matron, and the aid of a Chaplain for family prayers is contrary to the general custom of families, and quite unnecessary. It must not be forgotten, that the Patients belong to various sects of religion, and that some of the Patients have been brought to their unhappy condition by fanatical excitement; and that no exclusion of ministers of any particular form of religion could be maintained; all who are in a condition to derive benefit from public worship, are encouraged to attend it, and no Clergymen in this city would refuse his attendance where it would be useful. The Governors will not assert that in some very large establishments, a Chaplain ought not to be appointed; but the question with reference to this house was examined many years ago, and commented on in the Report of 1829, and is a valuable Appendix, from a Report of the Lancaster Asylum. The average number attending family prayers is not 60, as stated by the two Visiting Commissioners, but 97, as appears from the "Weekly Return," a specimen of which is subjoined, showing the anxiety of the Governors for a minute search into the details of the house, and which the Commissioners might beneficially recommend for general adoption, as materially facilitating their own inquiries.

### READING AND LIBRARY.

The visiting Commissioners observe that the supply of books is insufficient for 130 Patients; as if they considered that every laetic should be provided with some species of publication. Surely they should be aware that the more numerous class of Patients of this house, show generally but little disposition to read; and the supply in that way has been quite equal to the demand. At the time of the two Commissioners' last visit, two of the periodicals provided had ceased to be published, and had not yet been replaced. The Board have now formed regular libraries; and it will be found, on looking back to the Report of 1833, that the Boards of this house were among the first to draw attention to an object, which has since been kept in view as far as the Patients could be induced to take advantage of it. Some of the publications may appear



frivolous, but it has been the duty of the Board to consult the tastes of the patients rather than their own.

The Governors think it most convenient to enter next upon the Medical department of the establishment, and the matters specially referring to the medical treatment of the patients.

### BOARDS.

It is objected by the two visiting Commissioners that the Board is not a medical body, and that it has interfered in forbidding narcotics; and it is subsequently objected that a physician was present as a Governor when a semi-medical question arose. To this it may be replied that the Commissioners themselves are not an exclusively medical body; and, that the Board at Lincoln derive great satisfaction and advantage from the presence of the Physicians, and other medical gentlemen, who as Governors take part in the proceedings; that the Board is an open Board and not a committee; that the two senior Physicians are Governors; and, that it is at any time in the power of the third, (who is both Governor and Physician to the County Hospital,) to constitute himself a Governor of the Lunatic Asylum. It may also be observed that the senior Surgeon of the Lunatic Asylum is also a Governor, and that several of the medical officers of the County Hospital are Governors of that institution, and as such are in the habit of taking an active part in the proceedings.

### PHYSICIANS.

The two visiting Commissioners object to the monthly rotation of the attending Physicians, as depriving the patients of uniformity of treatment; and state that the system of one Physician is "immediately discontinued by his successor."

As to the question of the attendance of the Physicians by monthly rotation, it must be remembered that the maintenance of uniformity in the general medical economy of the house, depends upon a single person having the control of the whole. Were different Physicians to be acting at the same time through the house, each must have the direction of matters, which would affect the condition of patients under the management of the other Physicians; to say nothing of the jealousies amongst the patients from the indulgences which one Physician might think right to direct, and another to disallow. Add to this the waste of time in calling upon three gentlemen to give their daily attention throughout the year, when one of them at a time would be sufficient, and more efficient for the purpose. The House Surgeon, moreover, would thus be needlessly

put in attendance with those Physicians. The effect of the rotation is that of a standing consultation. The pointed attention of each Physician is drawn to the case by his individual responsibility; successful modes of treatment are adopted and continued; a course of unsuccessful treatment is discontinued; points of doubtful practice are forced into discussion; and if it be recollected that a patient may pass half his life in the house, it is by no means to be taken for granted that there is any benefit to such patient whatever in a persevering uniformity of practice; and it is more probable that a bad system once begun, would become habitual and be continued. Were a great surgical operation to be performed at the Asylum, such rotation might be improper and inconvenient; but the objection does not apply to an institution like this. The two visiting Commissioners farther remark, that porter was withdrawn from twelve patients, and wine from one, by one of the Physicians on the first day of entering on his (monthly) office, it being impossible for him to judge *separately* as to the effects of these tastes or stimulants. Upon this the Governors have to observe that, the Physicians have always paid a professional regard to the antecedent practice. In doubtful cases they have waited, and have altered it only where some variation in the symptoms might seem to require it, or where the previous practice has been inefficient, or thought unsuited to the case. There has, perhaps, scarcely occurred any instance of the last description, except as to the use of stimulants, and the indiscriminate use of narcotics; on which point the two senior Physicians are agreed, after a very long experience in this house. In the cases alluded to the acting Physician had, on two days, examined the particulars and condition of every patient taking stimulants; and had, in most of the cases merely restored the patients to the unstimulating diet, which his predecessor had found in operation, and had on his own judgment interrupted. It is, however, at any time open to the Governors to consider whether the possible inconvenience, referred to by the two visiting Commissioners, could be remedied by any arrangement not inconsistent with the maintenance of the system of the monthly attendance of one Physician.

#### HOUSE SURGEON.

To prevent unpleasant collisions, the rules declare that the House Surgeon shall not have the degree of a Physician. The acting Physician is in general daily attendance, ready to be called at any hour of the day or night, or his place is supplied by the next in rotation. The House Surgeon keeps a journal in which he enters his observations medical or otherwise, and is conferred with by the acting Physicians. Such a state of things certainly does not

require the usage of the profession to be superseded. The Physicians do not interfere in surgical cases, where the general health is not affected, and where their assistance is not requested; and surely if any complaint can be called peculiarly medical, it must be that of insanity. The House Surgeon is not in fact "director or medical superintendent." The medical superintendence is in the Physicians; and it has been thought, in an institution of this scale, most beneficial for the patients, most satisfactory to the public, and most likely to improve the science, that the medical department should be placed as much as possible on the open and liberal footing of an ordinary hospital. There is moreover some advantage in the medical supervision being placed in different hands from those of the resident and responsible medical agent; a glaring instance of which cannot but be well known to the Commissioners. The two visiting Commissioners must have had in their view the case of very large establishments, in which the resident superintendent is a Physician, and the other Physicians, if any, only in attendance for purposes of consultation. With regard to the remark that, the House Surgeon has no share whatever, generally, in the medical and moral treatment of the patients, the Governor observes, that the inspection of his Journal would convince any unprejudiced person, that the valuable details there specified of the daily condition of the patients, must greatly assist the Physician, whose duty it is to prescribe for each particular case; nor can it be justly said that he has no share in the treatment of the patients, because the remedies are ordered by a different branch of the profession, and because his suggestions relating to the economy of the house require the sanction of the Board. In fact his constant presence amongst the patients, places the moral management and domestic treatment peculiarly under his influence.

### MEDICAL TREATMENT.

The two visiting Commissioners do not seem to be aware that the very highest credit which could be attributed to this institution, is the extraordinary fact that the general health of 130 patients had been so carefully regulated by the almost daily attendance of the Physicians, by the dietary, and the general economy of the house, that none of them should be in a state requiring medicine. If it be asked why some peculiar course of medicine is not administered as remedial for insanity, the answer is plainly this, that the Physicians have not professed to possess a knowledge of any specific for the disease, and that their medical treatment is based upon a totally different principle. (See Appendix.) When a patient is admitted into the house, they carefully examine into his general state of health, and endeavour to ascertain the immediate existing physical



cause, if any, of the insanity. Where any distant cause, removable by medicine is ascertained or suspected, (which is not often the case) they attempt its removal through the operation of medicine. Their attention is then directed to see that the general functions of the body are in a state of healthy action; and the fact mentioned in the Report of the two visiting Commissioners, that, at the time of their visit no patient in the Asylum was under any medical treatment whatsoever, shows that they have not been unsuccessful in the attempt. Having thus prepared the way, and keeping a watchful eye upon the patients individually and collectively, their farther expectation of improvement rests upon the general remedial influence of the economy and hygiene of the house. That these are not to be despised, though not operating under the form of prescriptions or articles from the Pharmacopœia, will appear from the Appendix. That these and other such influences are remedial in a disease of a chronic nature, the tables of this house may evince; and it is certain that the cure of chronic diseases must, in all cases, be expected to be somewhat slow, and effected gradually through an improved action of the general functions.

#### DIETARY AND STIMULANTS.

The two visiting Commissioners remark that, "the dietary does not seem objectionable except that water is given instead of malt liquor, which is prohibited as an article of diet." A comparison of this dietary with that of other similar institutions, would show that it is not merely objectionable, but of a very expensive character. The drink is toast and water. As far back as the year 1833, the question of stimulant drinks was canvassed in this institution, (see Appendix,) and settled with the unanimous opinion of the three physicians. The late physician, Dr. Colclough, fluctuated in his opinion upon this point; and, had he lived, would probably have reverted to his earlier opinions with the same candour that induced him, as one of the last acts of his life, to abandon his objections to the disease of instrumental restraint, with which the question of stimulating drinks is materially connected. The two visiting Commissioners quote the practice in England, but have overlooked the fact that this improvement, namely, the disease of fermented liquors, is generally established in the Irish Asylums. Upon this subject it is the duty of the Governors to remark, that one of the authorities to whom the two visiting Commissioners refer, in support of their views, is an individual, whose own intemperate habits have upon various occasions called for the severe animadversions of the Board of Governors; the records of these several animadversions, which were so recent as the 24th of August and the 14th of September,

1848, were necessarily open to the inspection of the two visiting Commissioners. The two visiting Commissioners refer to wine and porter as being "tonics or stimulants." It is not known upon what principle stimulating drinks should be termed tonics; a popular error not to be admitted in medicine. Is it intended that the log in malt liquor should be deemed a tonic rather than a narcotic? or, that the astringency of port wine should be resorted to as a tonic? If tonics are required, direct tonics can be used.

### NARCOTICS.

The two visiting Commissioners have, in this whole business of narcotics, taken for granted that the practice was correct, and as they have here, as in the whole of their Report, taken for granted that every charge advanced by their correspondents, was also well-founded, they have been inadvertently led to commit themselves, on points of practice, to a dangerous extent. When a person not habituated to the treatment of lunacy sees a restless patient, he naturally follows the first popular impulse of administering a narcotic; and it is obvious that if the narcotic answered the end, such an easy remedy must long ago have been the settled recognised practice in such cases. The very contrary is the fact. It is settled that narcotics must be used with the greatest caution. And it is curious that in the case of M. B., referred to by the Commissioners, and affecting them, as they suppose, grounds for complaint that "no means were used for procuring sleep,"—under this alleged neglect this same patient has rapidly and perfectly recovered, and is now discharged, within two months of the date of her admission.

### STATISTICS.

The two visiting Commissioners incidentally mention a patient having a tendency to suicide; and it is rather surprising that they were not struck with the extremely rare propensity to commit suicide in this house, and with the fact that not a single act of suicide has taken place for eleven years, during more than ten years of which the non-restraint system has been in action. They also incidentally mention three deaths, and it is very singular that the fact of only three deaths on an average of 120 patients in ten months, did not strike the Commissioners as indicating a sound medical practice in the house.

This house was almost the first to distinguish accurately the re-admissions so as to prevent erroneous estimates of success. The number of re-admissions during the last five years (omitted to be distinguished by the two visiting Commissioners,) when compared

with the number of recoveries mentioned by them, will show an increased rate of recovery in the latter period beyond that in the whole time since the opening of the Asylum.

With regard to some remaining miscellaneous matters the following brief observations are all that the Governors deem requisite.

#### STEWARDS.

The question of appointing a Steward mainly depends upon the size of an establishment. In this house the House Surgeon has been emancipated from the duties of secretary or clerk, a gentleman having been appointed with a salary to attend the Boards, look after the accounts, and relieve the House Surgeon as much as possible from every duty except that of watching his patients. The House Surgeon's books are made up at ten o'clock every morning; and in his case (as in that of the attendants) he has as much as possible been set at liberty from distracting duties; and, as he is expected to pass much of his time in going round seeing his patients, the occasional company of a stranger tends rather to interfere with the continued performance of his duty. The visiting Commissioners will probably find, on inquiring, that the only complaints of the visits of strangers have been from some House Surgeon, who neglected his duty, and passed half his time out of the house. The other duties of Steward are performed by the Matron or Housekeeper; the task is much relieved by a regular system of contracts; and, in an establishment of this size, the Governors think it most desirable that the Matron should have a responsibility with the supply of the house.

#### BEDS.

The two visiting Commissioners object to double-bedded rooms. There were only two rooms so circumstanced in the house: the arrangement is undoubtedly erroneous, and the oversight has been corrected; though some have thought that it would be desirable to reserve two such rooms for any patients, who might be placed beneficially, during the night, alone in a room with an attendant.

#### RULES.

The two visiting Commissioners express an uncertainty as to the rules now in force. The Appendix will show the origin of the rules (unanimously passed at a very large Board of Governors) and which have since been merely modified so as to remove all and every recognition of instrumental restraint. The object of the document referred to by the Commissioners as appended to the last Report, which has excited so much public interest (though it does not seem to have struck the Commissioners), was to indicate the



gradual progress of the non-restraint system—and of course in its earlier portions, referred to the rules then in existence; a valuable document, as the Governors imagine, not only as being instructive to other institutions, but as proving that the improvements, so cautiously effected in the Lincoln Lunatic Asylum, have been grounded upon experience rather than upon theory.

#### EXHIBITION OF RULES.

In the remark upon the rules not being properly hung up, it is not clear what is the intention of the two visiting Commissioners, nor whether they allude to the official visitors, or to strangers visiting the Asylum. The Board-room is a sort of Public Official Room, to which the Physicians, House Visitors, and Governors have free access, to make entries in their books, and to examine the books of the house if required. A copy of the rules lies on the table, and the copy required by Act of Parliament is hung up there. Strangers are never in the house unattended, and would not be allowed to meddle with these books, though they might enter the room. If by the word *visitors* the visiting Commissioners contemplate *strangers*, the Governors may state their conviction that the Act of Parliament does not, and that under the forty-third section the Board-room is a visitors'-room. There is, in fact, no strangers'-room; those who have business with the Board remaining for a short period in the entrance hall, or sometimes in the attendants' dining-room.

#### PUBLIC INSPECTION.

On the whole of the question of public inspection, the Board is unhappily most distinctly at issue with the two visiting Commissioners. They have overlooked the distinction between private establishments and public institutions; the latter of which cannot be too freely open to the public eye. This question was met deliberately and seriously weighed in this institution many years ago, and the Commissioners will find the matter set at rest in the Annual Reports, (see Appendix) and perpetually and unanimously adverted to in succeeding reports, as the keystone of public confidence in this institution. During a period when the greatest efforts were made to depress the character of this institution, and overthrow the non-restraint system, the public confidence was maintained by the free admission of persons of the same ranks of life as the patients themselves, who ascertained with their own eyes (often more observant than those of men of science) that the patients were comfortable and the charges unobscured; and thus also the popular prejudices against an early recourse to an asylum were diminished.

As for privacy, it cannot be dreamt of in such an institution. Can it be contended that the occasional appearance of patients beyond the walls, the Asylum Ball, and the cheerfulness and variety produced by the presence of strangers ought to be thrown aside, along with the great security thereby afforded against real abuses and misrepresentation? It might be added that the number of persons who visit the asylum, do not come separately and individually, but in parties smaller or larger; and in justice to them it should be said, that their conduct has been most proper; and that the motive of many of them has been, to ascertain the real manner in which the insane are treated, and its probable operation upon some of their own friends or acquaintances.

#### CONCLUSION.

The Governors of the Lincoln Asylum have always been most anxious for the improvement of their system; and have endeavoured not to fall in the rear of institutions of high character. The matters herein referred to (except that of seclusive classification) are not new subjects to the Governors: most of them have been discussed and re-discussed for years, and argued upon in their Annual Reports. It is indeed unfortunate that the two visiting Commissioners should attack as *Memoranda*, the very points upon which this institution most peculiarly prides itself, and to which its success is attributed. The Governors have purposely omitted to advert by name to any of the individuals, whose conduct in the management of this institution has been impugned in the report of the two visiting Commissioners; the Governors are most unwilling to enter into any discussion bearing the appearance of a personal controversy, respecting the conduct of the individuals referred to; but they feel it to be a duty to state, that the observations of the visiting Commissioners have in no degree shaken their confidence in those whose conduct has been unimpeached upon.

On all questions of abuse, and indeed on all questions whatsoever, the Board are most anxious to indicate their respect for all persons officially invested with authority. They will most thankfully receive their suggestions, and in cases of abuse will instantly act upon them; but any impediment thrown in the way of the system so cautiously adopted and so successfully worked out, would involve a grave responsibility seriously affecting the comfort and well-being of the most pitiable portion of mankind.

## No. 3.

## REPLY OF THE VISITING COMMISSIONERS.

We have read with attention the Special Report prepared by Sir E. F. Bromhead, the Reverend the Precentor of Lincoln, and the Rev. J. O. Dakyns, (three of the Governors of the Lincoln Lunatic Asylum, or Hospital,) and afterwards adopted by a Board of Governors of the same Hospital, held on the 18th November last, at which the Earl of Ripon was Chairman. This Special Report of the three Governors purports to be an answer to the Report lately made by us to the Commissioners in Lunacy, relative to the present condition and management of the Lincoln Lunatic Hospital: and, as it appears to impugn the correctness of certain statements in our Report, we think it expedient to offer the following brief reply.

Before touching on the points at issue, however, we cannot avoid noticing the exceedingly discourteous tone of the answer prepared by the three Governors, which (as we think) nothing in our own Report warrants, and which appears to disregard the common courtesy observable in all public documents.

We went, as the Commissioners are aware, in the course of our ordinary official duty, to visit the Lincoln Lunatic Hospital, to ascertain its condition, and to inquire into the system of management prevailing there. The answer of the three Governors commences with an assumption that our Report is "based upon communications forwarded" to us from Lincoln. This assumption is without foundation or pretence. Our Report is based, and shows that it is based, upon observations made by ourselves when at the Hospital, upon the result of inquiries then made by us, and upon proofs collected from the Hospital Books.

The Commissioners (as will be remembered) were, in the first instance, made acquainted with the peculiar system of management prevailing at Lincoln, by a Report made to them previously to the commencement of the Act now in force, and in which most of the points of practice, wherein the Lincoln Lunatic Hospital differs from all other establishments of the same nature, are fully detailed; they afterwards received formal notifications to the same effect from different quarters, and, in the end, they considered it right to



direct that each of their body *as should meet* that the Lincoln Lunatic Hospital should be instructed to make special inquiries into the existing system of management.

In obedience to these directions, we made such inquiries as we thought necessary, in order to ascertain the correctness of the statements laid before our Board; but we of course relied upon no statement otherwise than as it was borne out by facts collected by us on the spot. We did not examine the "Acting" Physician, as suggested by the three Governors, because the proof of the facts inquired into appeared to be complete without such examination; and, further, because had we taken his evidence, we must also have examined the other two Physicians, one of whom was known to differ in opinion from this then acting Physician on several points. Our instructions were not to ascertain the opinions of the Medical Visitors, but to collect facts. It was our duty to bring before the notice of the Commissioners such matters as appeared to us to be objectionable; and we endeavored to do this in a fair and temperate manner, and in such a manner as we think may be compared not disadvantageously with the tone and spirit of the Governors' reply.

As far as we are able to judge of the answer of the three Governors, the more important points brought by us specifically before the notice of the Commissioners, have not been met by any positive denial, nor supported by any convincing reasoning. The main facts remain as reported by us; and the only question seems to be, whether the condition of the Lincoln Lunatic Hospital, and of the patients there, is so superior to that of other Asylums as to justify the Governors in deviating from the ordinary practice of experienced men.

In regard to two charges made by the three Governors, (neither of them, however, of importance, and neither in any respect affecting the chief questions at issue,) we desire to offer some remark. 1st. We are accused of "interpolating" the word "and" in the list of injuries, and of other unfairness relative thereto. In reply, we beg to say that we extracted from the Daily Return Book, (a journal which, however honest it may be, is not peculiar to Lincoln Hospital,) a list of accidents, for the purpose merely of ascertaining the number of blows or bruises which the patients received within a given time. We did not think it necessary to transcribe every word contained in the entries. If there be any error in this list, which is very possible, it was unquestionably accidental. It does not appear to be important, however, for whether various blows were inflicted by one or two patients does not materially alter the case. It seems clear that the number of blows and bruises set

forth in our Report is correctly stated, and that the majority of accidents arose from *blows*, or a collision with patients or attendants. Some of these accidents (especially those in which the tranquil patients were the sufferers) might have been avoided, we think, by good classification. Secondly, in respect to the phrase used by us, that "we offer no objection" to the system of non-restraint, our meaning was simply, that "no objection could be offered" to it. We (in common with the rest of the Commissioners) have invariably opposed mechanical restraint, except in extreme cases, and have always been glad to find it done away with, whenever it has been rendered unnecessary by good classification and a competent number of attendants. Nothing, as we believe, has tended so much to diminish mechanical coercion in this country as our frequent remonstrances against it.

We regret exceedingly to learn from the Governors' answer that our suggestion, that a fence should be erected, and proper means adopted to prevent the repetition of certain indecent acts and exposures by male patients, immediately under the windows of, and before the female patients, has been rejected by the Governors, and that they intend again to trust to the vigilance of their attendants, which has already proved to be utterly ineffectual. A fence might easily have been raised, without interfering with the "view" from the female wards.

We beg again to draw the attention of the Governors of the Hospital to the extracts made (in our former Report) from the Physician's Journal, by which it appears that a nurse belonging to the institution had seen a male patient expose his person to the female patients on several occasions, and had heard him make use of obscene language at the gallery and day rooms of the female patients; and, secondly, that a male attendant had also heard another male patient make use of obscene language to the ladies in the lower south room, and also to the Matron.

In our opinion, it is of the greatest importance to the credit and well-being of the Hospital, that the most effectual measures should be taken to prevent a recurrence of such indecent acts; and we think that the public will learn with some surprise that it has been necessary for us a second time to draw the attention of the Governors to the subject.

We do not think that it can answer any good purpose to contest the arguments of the Governors on all the various minor points which they have thought it necessary to discuss so fully, but shall content ourselves with observing, that in reference to the five points especially submitted by us, in our late Report, to the consideration of the Commissioners, we are unable to discover that any *other*

very answer has been given by the Governors of the Lincoln Lunatic Hospital. In regard to the use of beer and other stimulents, as an article of ordinary diet, we do not urge the actual intervention of the Commissioners to enforce the practice so long as the dietary of the Hospital be in other respects good and ample, although the use of beer is customary in other Public Asylums, and is generally considered to be beneficial to Lunatic Patients. But in respect to the four other subjects, namely—*First*, the Classification of Patients, and complete separation of the sexes; *secondly*, the almost indiscriminate admission of strangers into the Hospital; *thirdly*, the power and duties of the House Surgeon; and *fourthly*, the practice of turning over all the patients every month to a new Physician, by reason of which no patient in the Hospital has the benefit of any uniform system of medical or moral treatment, our objections remain as before. We think that the Rules and Practice of the Lincoln Lunatic Hospital in these respects—differing as they do so entirely from those of every other Public Lunatic Asylum in this country, and being in contradiction to the principles of treatment universally recognised by experienced medical men—are erroneous; that they are in no respect justified in the answer attempted by the three Governors, and that they imperatively require amendment.

B. W. PROCTER, } Commissioners  
T. TURNER, } in Lunacy.

December 23, 1846.



## APPENDIX (I.)

PART II.

**SUMMARY of RETURNS of PAUPER LUNATICS and IDIOTS charged  
Perishes and Townships in**

NAMES OF COUNTIES.	Population of England, &c., in 1841.	Lunatics.			Idiots.			Grand Total. Lunatics and Idiots.	In County Lunatic Asylums &c.			In County Prisons.		
		M.	F.	Total.	M.	F.	Total.		M.	F.	Total.	M.	F.	Total.
ENGLAND.														
Bathurst	112,273	88	41	129	38	23	61	145	41	24	75	—	5	5
Bucks	180,202	83	84	147	75	84	159	266	7	2	14	58	71	129
Buckingham	196,524	41	66	107	37	48	85	192	5	8	13	81	81	162
Cambridge	171,848	42	52	94	38	51	89	183	10	15	25	20	26	46
Cheshire	387,410	81	101	182	68	87	155	297	50	82	132	5	8	13
Cornwall	240,729	16	10	26	70	82	152	178	31	72	103	—	—	—
Cumberland	177,212	32	50	82	49	44	93	185	3	1	4	80	87	167
Derby	242,780	47	83	130	57	70	127	257	3	5	8	81	28	109
Devon	251,880	121	185	306	128	194	322	628	118	144	262	8	11	19
Devon	167,824	68	85	153	35	46	81	234	55	71	126	8	8	16
Dorset	200,897	50	59	109	62	72	134	243	—	2	2	25	28	53
Essex	660,518	68	114	182	89	77	166	348	8	4	12	55	64	119
Gloucester	294,535	147	201	348	111	111	222	570	111	140	251	23	28	51
Hertford	188,255	23	33	56	48	49	97	153	—	—	—	23	26	49
Hertford	176,273	44	57	101	67	77	144	245	27	41	68	8	11	19
Huntingdon	23,273	18	28	46	18	19	37	83	23	17	40	4	3	7
Kent	540,084	158	241	399	111	108	219	618	130	170	300	27	31	58
Leicester	1,106,066	409	478	887	241	250	491	1453	889	280	1169	25	19	44
Leicester	939,999	68	90	158	59	65	124	282	54	65	119	3	3	6
Lincoln	356,247	95	102	197	86	85	171	368	44	17	61	20	21	41
Middlesex	1,274,465	810	960	1,770	180	192	372	2,142	322	402	724	28	42	70
Monmouth	150,222	41	54	95	53	55	108	143	7	6	13	21	28	49
Norfolk	466,123	120	153	273	139	140	279	552	160	102	262	89	27	116
Northampton	190,197	81	77	158	53	77	130	288	27	62	89	3	3	6
Northumberland	205,088	78	105	183	60	74	134	317	1	4	5	56	79	135
Nottingham	476,191	108	180	288	58	76	134	422	54	65	119	—	—	—
Oxford	158,450	54	73	127	62	60	122	249	12	36	48	7	7	14
Bedford	23,191	9	8	17	8	5	13	30	5	7	12	1	—	—
Salop	242,780	54	53	107	28	30	58	165	11	40	51	12	11	23
Somerset	424,445	115	172	287	149	174	323	650	7	15	22	62	115	177
Southampton	322,400	116	171	287	115	120	235	522	2	1	3	90	117	207
Stafford	442,548	100	136	236	117	135	252	507	100	79	179	51	36	87
Suffolk	314,722	18	161	179	77	76	153	332	56	236	292	7	11	18
Surrey	527,255	294	380	674	166	122	288	962	131	207	338	30	60	90
Sussex	558,684	65	84	149	68	105	173	322	2	1	3	60	11	71
Warwick	388,987	121	152	273	81	80	161	434	18	41	59	88	89	177
Wiltshire	25,481	14	28	42	12	30	42	74	1	1	2	9	18	27
Wilt	243,792	94	108	202	68	64	132	334	—	—	—	48	29	77
Worcester	186,288	76	84	160	72	65	137	297	8	11	19	21	21	42
York East Riding	221,847	57	70	127	41	47	88	215	2	14	16	41	51	92
North	168,227	48	59	107	32	35	67	169	11	5	16	36	24	60
West	53,620	9	11	20	9	12	21	46	1	9	10	5	27	32
TOTALS	14,968,288	2929	3682	6611	2779	3200	5979	12590	2543	2710	5253	1597	2000	3597

*Parishes and Townships in the several Unions in ENGLAND and WALES, and also in Union, on the 1st of January, 1847.*

RESIDENTS.						AGES.										Of Every 1000.		NAMES OF COUNTIES.
Under Workhouse.			With their Friends or Families.			0 to 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 and upwards.	Male.	Female.			
M.	F.	Total.	M.	F.	Total.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 and upwards.					
ENGLAND.																		
13	23	36	11	35	46	1	0	0	0	0	0	0	0	43	23	Buckford.		
42	42	84	0	42	42	0	0	0	0	0	0	0	0	42	42	Bucks.		
13	25	38	26	26	52	0	0	0	0	0	0	0	0	43	20	Buckingham.		
10	14	24	34	29	63	1	0	0	0	0	0	0	0	43	27	Buckingham.		
29	26	55	0	42	42	1	15	0	25	0	43	0	0	74	0	Ches.		
45	70	115	31	33	64	1	18	0	65	0	43	0	0	80	52	Cambridge.		
40	40	80	15	32	47	1	0	44	48	40	39	18	0	38	10	Cambridge.		
39	41	80	75	30	105	0	12	46	21	40	30	17	10	45	30	Ches.		
14	71	125	70	88	158	4	26	107	121	128	89	57	80	141	65	Derby.		
12	39	51	27	26	53	1	4	42	44	44	46	20	20	73	20	Derby.		
46	44	90	28	34	62	0	12	50	0	40	30	20	12	67	37	Derby.		
40	22	62	44	50	94	0	55	75	21	54	38	31	9	75	55	Derby.		
83	125	208	44	46	90	1	30	115	120	111	105	10	24	126	84	Gloucester.		
5	5	10	47	55	102	1	12	34	28	29	30	14	7	50	34	Gloucester.		
31	32	63	33	50	83	0	16	40	52	42	40	30	5	64	27	Gloucester.		
11	4	15	6	11	17	1	7	34	18	39	11	0	2	17	0	Hampshire.		
60	55	115	43	50	93	2	26	90	154	142	104	30	30	160	89	Kent.		
100	245	345	101	100	201	1	5	97	304	340	305	106	37	304	124	Leicester.		
24	45	69	30	39	69	1	14	45	0	34	28	27	0	60	30	Leicester.		
62	64	126	48	55	103	1	10	64	60	61	58	34	25	92	50	Leicester.		
197	304	501	38	19	57	2	79	307	448	440	335	123	62	563	534	Middlesex.		
14	22	36	14	17	31	0	9	23	21	20	20	21	0	46	14	Monmouth.		
67	72	139	28	50	78	1	32	108	125	114	81	64	20	159	56	Newark.		
33	22	55	46	50	96	1	12	60	52	38	50	51	10	59	24	Northampton.		
54	68	122	22	44	66	0	10	55	92	74	45	26	14	78	44	Northampton.		
42	80	122	25	28	53	1	14	65	80	60	50	40	14	111	61	Northampton.		
35	40	75	0	38	38	1	14	56	43	36	44	20	7	37	22	Oxford.		
0	5	5	4	2	6	0	1	0	0	5	0	0	0	5	5	Salisbury.		
28	41	69	0	43	43	0	4	50	58	74	24	17	0	61	21	Salisbury.		
72	87	159	0	120	120	2	34	143	140	122	56	44	25	160	110	Somerset.		
76	34	110	31	29	60	0	24	95	100	115	98	85	22	128	76	Southampton.		
60	30	90	20	40	60	1	50	100	100	112	11	31	15	164	60	Stafford.		
44	34	78	34	42	76	1	22	80	85	67	60	41	30	128	102	Stafford.		
50	30	80	25	20	45	2	24	140	102	122	140	61	30	159	120	Stoke.		
42	54	96	40	20	60	0	20	30	80	70	62	26	14	68	41	Stoke.		
77	80	157	44	54	98	0	37	95	110	70	72	35	22	162	97	Warwick.		
60	29	89	7	15	22	1	4	39	19	33	12	11	4	5	7	Westminster.		
65	57	122	39	52	91	1	19	50	67	62	71	24	17	160	71	Wigan.		
39	54	93	43	50	93	0	10	55	80	71	44	49	32	94	41	Wolverhampton.		
24	29	53	20	25	45	0	0	33	58	45	30	27	8	71	40	York, East Riding.		
91	84	175	14	21	35	0	9	22	31	27	23	17	11	80	59	York, North Riding.		
117	127	244	0	0	0	0	0	0	122	122	106	103	63	19	245	108	York, West Riding.	
1000	2000	3000	1500	1500	3000	8	42	638	2658	3270	3570	2000	1510	700	4202	2510	Total.	



*SUMMARY of RETURNS of PAUPER LUNATICS and IDIOTS chargeable by  
Parishes and Townships not in Union, &c.*

NAMES or COUNTY.	Population of Union, &c. in 1841.	Lunatics.			Idiots.			Grand Total Lunatics and Idiots.	WAGES.					
									In County Lunatic Asylums & Hospitals.			In Licensed Houses.		
		M.	F.	Total.	M.	F.	Total.		M.	F.	Total.	M.	F.	Total.
WALES.														
Anglesey	36,106	5	13	18	10	39	49	54	..	..	..	1	..	1
Brecon	55,000	14	18	32	38	55	93	74	1	..	1	7	4	11
Cardigan	75,100	21	68	89	28	34	62	122	1	1	2	2	4	6
Carmarthen	110,604	35	44	79	43	43	86	126	..	..	..	7	16	23
Carmarvon	85,728	24	29	53	35	55	90	124	..	..	..	5	1	6
Denbigh	68,880	9	11	20	20	32	52	82	..	..	..	5	8	13
Fflur	64,350	8	11	19	20	22	42	61	2	1	3	4	8	12
Glinmorgau	178,941	43	43	86	35	51	86	125	1	..	1	20	10	30
Merioneth	50,000	9	11	20	20	31	51	87	1	1	2	1	..	1
Montgomery	75,230	17	17	34	45	57	102	129	0	0	0	1	..	1
Powys	78,500	15	18	33	34	37	71	85	10	0	10	..	..	..
Radnor	10,554	4	5	9	11	12	23	39	2	..	2	2	3	5
TOTALS	900,004	192	245	438	354	439	793	1196	97	18	115	100	100	200
Totals of Unions and Places under Local Acts in England and Wales	16,564,969	4472	2851	10270	5080	3600	7680	17952	2250	2709	5098	1020	280	700
Totals of Unions under 18th Act	190,916	40	30	70	35	10	45	120	27	17	44	4	9	13
Totals of Parishes and Townships not in Union, or under Local Acts	184,801	37	40	77	39	14	53	123	..	..	..	..	..	..
Totals in England and Wales	15,000,741	4470	2900	9940	5097	3600	7696	18065	2305	2745	5242	1027	1000	700

*Parishes and Townships in the several Unions in ENGLAND and WALES, and also to the 1st of January, 1867.—continued.*

MAINTAINED.			AGES.											Discrepancies between the two censuses.	Of Duty Males.	NAMES OF COUNTIES.
In Union Workhouse.	With their Friends or elsewhere.		M.	F.	Total.	0 to 5.	5 to 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 and upwards.		
M.	F.	Total.	M.	F.	Total.	0 to 5.	5 to 10.	10 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 and upwards.		
WALES.																
0	2	2	24	33	55	0	1	13	15	10	7	0	1	1	0	Anglesey.
0	2	2	23	30	53	0	7	17	14	12	10	11	8	11	21	Brecon.
0	0	0	08	08	16	0	4	17	30	25	24	14	0	7	7	Cardigan.
0	5	11	20	79	109	0	5	21	30	47	17	07	5	19	17	Cardiganshire.
3	2	5	28	79	107	0	0	6	15	24	28	20	02	8	7	Cardiff.
0	7	12	29	98	127	0	0	6	15	19	20	0	0	4	7	Dorset.
0	8	15	22	10	38	0	0	5	24	12	5	4	2	6	11	Flint.
10	10	20	43	08	100	0	0	9	37	38	52	25	98	14	31	Glamorgan.
1	3	4	42	38	80	0	2	13	23	0	25	17	3	4	21	Merioneth.
7	3	10	45	01	100	0	0	10	26	24	20	23	02	8	0	Montgomery.
2	2	4	27	20	47	0	0	0	14	20	11	11	0	5	13	Powys.
0	0	0	11	15	26	0	0	0	4	0	4	2	0	1	4	Radnor.
88	49	97	602	502	804	0	3	07	255	258	230	198	139	65	100	Totals.
88	5531	4287	1503	2490	4300	4	50	311	3477	4605	3006	2684	1714	710	4501	Totals of Unions and Places not yet Local Acts in England and Wales.
22	22	44	12	7	19	0	1	5	21	31	21	03	16	6	32	Totals of Unions under Gilbert's Act.
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Totals of Parishes and Townships not in Unions or under Local Acts.
88	5571	4331	1505	2497	4418	4	51	316	3504	4636	3027	2687	1730	716	4533	Totals for England and Wales.





## APPENDIX (L.)

Pages 116, 117, 118, 119, 120, 121, 207, 213.

## MANIA.

## I.—TREATMENT OF MANIA.

*Practice of St. Luke's Hospital described by Dr. Sutherland.*

*Acute Stage—Remedies.*—Salines, opiates, viz., morphia in doses repeated every fourth hour. Hot baths, cold lotions to the head, calomel, purgatives, as jalap or senna, with sulphate of magnesia, and *q. s.* either sulphuric, ol. croton, tiglii. In the use of this last great caution is required.

## FURTHER REMARKS.

"Dr. Sutherland never employs general bleedings, because after the acute stage has passed, great prostration of strength follows, and the state of the body, exhausted by frequent paroxysms, is much the worse for the loss of blood. He has known death from exhaustion and dementia occasioned by bleeding. He considers the violent paroxysms of the acute stage as depending not on inflammation, but on irritation. He thinks the arterial congestion which is formed in such cases, *p. m.*, the result not of inflammation but of irritation;—an effort to repair the mischief sustained in some cases, and in others the effect of *anæmia*, which revascularization would aggravate." Venous congestion is formed also, but the consideration of this does not belong to the present subject.

*Of Local Bleeding.*—Leeches should be applied with caution; the good results which follow are frequently only temporary; they certainly relieve the congested state of the vessels, and are useful when hyperæmia is present. They are, however, chiefly useful when locally applied in cases of *nyctomania*, and at the critical period.

*Diet.*—Fever diet.

*Mania.*—Transition stage.

"If I may be allowed to use the above term, I should wish to express by it that period which elapses between the acute stage, and

either the chronic stage or the convalescing one. In this stage patients are generally admitted into St. Luke's."

The treatment of maniacal cases in this stage is according to symptoms present, but generally speaking the patients require ordinary diet and laxatives. The preparations of morphia, purgatives, mercury, stimulants, tonics, baths, and blisters, must be ordered, of course, according to circumstances, as occasion requires.

*Chronic Stage.*—Diet good and nutritious according to the previous circumstances of the patient.

*Treatment.*—Attention to the general health.

When the paroxysm occurs it must be treated, as that of the acute stage, by shower baths, hot baths with cold applications to the head, nuchæ and aperients, due regard being paid to the different state in which the brain may be in at the time. In p.m. examinations when patients have died in the acute stage, I have generally found in the convulsions a disposition to hypertrophy; whereas in the chronic there is a disposition to atrophy.

We shall here insert Dr. Sutherland's observations on particular remedies in the several forms of insanity, as they chiefly refer to the treatment of maniacal cases.

*Analgesic.*—These remedies are, according to my experience, of essential service in those cases of insanity which border closely upon delirium tremens, in cases of puerperal mania, in the acute stage, and particularly in the paroxysms and sleeplessness of mania, in cases where there is great nervous irritability from poverty of blood, and in cases combined with cachexia, from starvation, and other causes. They seem to me to be contra-indicated when there are symptoms of incomplete general paralysis and congestion of the head. Prescribed merely because the case is one of insanity, without taking into consideration physical symptoms accompanying it, or not in proper doses, or not given sufficiently often during the day as well as during the night, these remedies disappoint the practitioner: they keep up irritation and add to the excitement, instead of allaying it. I have sometimes seen a very simple case converted into a very complicated one by the excessive use of anodynes. There is an idiosyncrasy, as every one knows, in some constitutions, which does not admit of the exhibition of narcotics, especially morphia, even in the smallest dose; one-eighth of a grain has been known to produce such incessant vomiting as to endanger the life of the patient. Great care should also be taken, even when the use of opiates is indicated, not to continue them too long, for if narcotization is produced, much harm will follow: the evacuations are hard and black, and the irritation is excessive. At St. Luke's, I have been in the habit, since my appointment to the hospital, of

prescribing the acetate of morphia in solution with distilled water—in private practice I often combine it with distilled vinegar (a very old remedy in insanity). The hydrochlorate is combined with advantage with dilute hydrochloric acid. I have found the mesonate of morphia very serviceable in cases where the two former preparations have not agreed with the patient.

Hyoscyamus and conium are also very serviceable in the treatment of insanity. I am in the habit often of prescribing the former in those cases where it is essential that the bowels should not become constipated; and as it also acts upon the kidneys and skin, it is likewise useful when we wish the increase of the secretions of those organs.

Combined with potassium-bicarbonate of ammonia, henbane is useful also in paroxysms of force. I have seen considerable lassitude follow the administration of  $\frac{f. \mathfrak{ss}$ . tinct. hyos., with a quarter of a grain of the former repeated three times in the course of the day. This is, of course, in some cases not to be desired.

Combined with camphor, opium allays the irritability of those suffering under mania complicated with delirium tremens, and in the incipient paralysis of the insens. tertiar. cruetic is the remedy I place most confidence in.

Conium is very useful, either given alone, or in combination with hyoscyamus and opium.

The boasted effects of camphor have not been realized to the extent, at least, which some of its advocates have insisted upon. I think, however, its effects in allaying morbid irritation cannot be doubted. The combination of hop, camphor, and henbane, is valuable in such cases.

Stramonium is a remedy which has not succeeded in my hands, although I have tried it in large doses. It was, however, given successfully by Dr. Dury, at the Fort Clarence, to allay excitement, and it has been recently very strongly recommended by Dr. Woodward (State Lunatic Hospital, Worcester, United States). In cases of epilepsy combined with insanity (in such cases although opium is for the most part contra-indicated, yet in a very obstinate case now under my care, after the fit, I find morphia allay the subsequent excitement), I have no hesitation in saying that stramonium is greatly inferior to morphia in allaying the paroxysm. Belladonna and scopolia may be placed in the same category with stramonium. Frank states belladonna to be useful in insanity with epilepsy. I obtained some good effect in the employment of aconite in a case of intermittent mania when every other remedy had failed. The combination of narcotics is highly advantageous, but of course this is well known. I am not in the habit of prescribing



narcotics as heroins, but it is material that they should be given in sufficiently large doses. A patient labouring under mania from drink requires large and often-repeated doses of morphia, or tinct. opii.

*Hydrocyanic acid* is a very useful sedative, and is specially useful where there is pain, and a sense of weight about the precordia; it may be combined, according to circumstances, with an alkali and digitalis, which combination I have obtained benefit from in cases of great nervous excitement, with acid eructations and palpitation of the heart.

*Cambria Indica*.—This remedy has been strongly recommended to me by Dr. Begley, of Hanwell. I have prescribed it in many cases, I am sorry to say, without effect; the preparation possibly was not good, although I took great pains in procuring it. The difficulty of obtaining it, and when obtained of being sure of having procured a good specimen of the plant, (the test by the colour when dissolved in water is not infallible) and the uncertainty of its effect must, I think, render the remedy inferior to others whose virtues have been long tested.

*Diuretics*.—In the early stage of mania the urine is sometimes scanty, indeed none and then none is secreted; therefore nitrate of potash, spiritus aether, nit. inf. digitalis, &c. are useful remedies.

*Cathartics*.—If mania, with a tendency to dementia, be combined with hemiplegia or paraplegia, this remedy is of use: it may be given also with caution in general paralysis, and in those cases which are termed acute dementia, where the patient is unconscious of what passes around him, where the pulse is feeble, the extremities cold and blue, and where the nervous centres require a spur.

*Toxics*.—Since the insane have been better fed, there have been, on an average, more recoveries and fewer deaths. Patients, who previously to coming under my care have undergone a long course of laxative treatment, and whose strength is consequently much reduced, have derived benefit from a light bitter, as columba and cascarella, with the exception of ipecacuanha. Sometimes patients are brought to St. Luke's, whose disease has been caused by starvation and wretchedness. Many of these are catarrhic; some are covered with boils. These will often bear the decoction of cascarella with liquor potassæ and hyocyanine.

*Quinine* is also a remedy of great importance, and I have not often seen the ill effects accompanying its administration in cases of insanity complained of by practical men, viz., head-ache and fulness of the vessels; combined with dilute sulph. acid, in debility with clammy perspirations, or with nitric and muriatic acids,

in cases of nervous depression with sluggish liver and weakened muscular fibre, it is a remedy which I often employ.

Anterics, either in the form of the liquor potassæ roseæ of the pharmacopœia, or solution of the chloride of arsenic, as prepared at Apothecaries' Hall, are medicines which I have derived advantage from in intermitting cases.

Mixed tonics are not to be laid aside on account of any theoretical notions about congestion of the brain. I have sometimes commenced my treatment with them at once, e. g. in those cases where the disease is complicated with chlorosis, or chorea, or when the patient is enfeebled by self-abuse, and other causes. Some patients improve rapidly after the acute symptoms have subsided, under a mixture containing the tinctura ferri sesquichloridi and infusion quassia; also the combination of a chalybeate with a purgative (e. g. pil. ferri comp. or ferri sulphas, with pil. stat. comp. or ext. colocynth comp. to which ext. hyoscyami may be added), is occasionally of great service.

The preparations of iron, the mixt. ferri comp. the ferri citras, and a very palatable form by Bullock, the syrupus ferri citratis et quinae disolub., the sulphate of zinc, and the solus of copper, are medicines which I think highly of.

Of counter-irritants, blisters are very generally employed in the treatment of insanity; in the acute stage of mania, however, they should not be used, certainly not till the heat of skin and general irritation have in some measure subsided.

The acetum lyticæ is found more convenient in the application than the emplastrum.

Scars, of great service is insanity, after the healing of an ulcer, or suppressed discharge, e. g. hæmorrhoids, &c.

The mix. ant. potass. tart. in cases after a suppressed eruption.

Strychnia, either given internally, or rubbed along the spine, mixed with prepared lard, I have found serviceable in three cases of catalepsy. It is also useful in some measure in general paralysis.

In illusion of hearing, cotton, with a few drops of kerosene, syringing the ears, and blisters behind the ears, are beneficial.

The function of the skin is frequently badly performed in cases of madness, therefore, baths of all descriptions are of use, as the hot, cold and tepid, the shower bath, and, with due caution, the douche bath, also the hip bath (specially useful for disorders of women) and pediluvia. The tepid bath is of great service in subduing irritability. It is sometimes necessary that the patient should remain in it for a long time, varying according to the excitement present, from a quarter of an hour to two hours: ice and cold lotions

to the head should be applied at the same time; it may be necessary to repeat it every day, sometimes twice daily, till the good effects follow. If the irritation be not subdued by the application, a blister to the nape of the neck immediately the patient gets out of the bath, is of use.

The dietic is chiefly useful in acute dementia.

The shower bath subdues the paroxysm of mania with great effect, and with antispasmodics is a valuable remedy in cases complicated with hysteria and hypochondriasis.

*Of Purgatives.*—I have tried belladonna in many cases after I first turned my attention to the treatment of insanity, but have now abandoned its use entirely, and I believe that most practitioners are agreed as to its inefficacy, because we possess much safer and much better remedies.

The importance of making use of cathartics is obvious from the frequency of constipation as a symptom in insanity, for correcting the depraved secretions, the evacuations being frequently of a very unhealthy character, and very offensive, for calling into aid the sluggish action of the neighbouring viscera, especially the liver, to relieve the circulation in the portal system, this organ being often congested in cases of melancholia. Also cathartics are to be employed in cases of mania, and, where there is hyperæmia, to create a copious discharge from the exhalant vessels, by which means an artificial means of irritation is established, and, to use a medical expression, "we derive" from the head.

Mercury is especially useful in all forms of the disease, for its purgative effects, for stimulating the liver, and for equalising the circulation.

I need not say that care is necessary in prescribing calomel in affections of the brain, as it is a source of great nervous irritation to some patients, and so there are those who cannot bear its use, even in the smallest doses.

Some patients require three or four times the usual dose of a purgative, but this is the exception, not the rule. It is best to commence with the ordinary dose, and to repeat it till the desired effect is produced.

The stomach and bowels are more readily, and with more certainty, acted upon after the irritation in the brain has been in some measure subdued.

*Emetics.*—I am not in the habit of prescribing these remedies for two reasons: first, because in those cases where there is a tendency to congestion in the capillary vessels of the head, they are known to increase it; secondly, because the nerves of the stomach is insensate, as those of the intestines, are often less sensitive to impressions than in a state of health, owing to the disordered



state of the functions of the brain, and it is sometimes necessary to give a large dose before the stomach will act.

*Practice of Dr. Hasley, lately appointed Superintendent of the Kent Asylum.*

*In Cases of Mania*.—Local depletions and counter-irritants, viz., cupping, setons, leeching, blistering to the temples and nape of the neck; if there should appear an examination enough of the physical signs of congestion within the head to impose thereto either the causing or maintaining of the maniacal condition. At the same time aperients, alteratives, and derivatives, directed to the alimentary canal, with sometimes tonics, diffusible stimuli, and a liberal diet.

In cases less acute, or wherein the excitement may be accompanied with general debility, cold bathing, the douche to the head, tonic and stimulant medicines, and a generous diet.

*Practice pursued in the Wrenford Hospital, Oxford, described by Dr. Wurtle.*

"In cases of mania," says Dr. Wurtle, "I have been most successful in the use of narcotics, especially opium and hyoscyamus; preferring the former, unless some idiosyncrasy contra-indicate. I believe this class of medicines has been usually neglected, and I attribute the failures met with to indolence and timidity. I am of opinion, if given fairly and freely, as in delirium tremens, narcotics would seldom fail in curable cases."

*Remarks.*—Dr. Wurtle states: "I hold insanity, in all its forms, as we meet with it in hospitals, to be a disease of debility, and seldom admitting of depletion. The principal indications are, I believe, in mania, to subdue the excitement, procure sleep, and husband the strength; in melancholia, to produce a certain degree of excitement, induce sleep, and support the system. General bleeding can hardly ever be admissible except for some accidental disease, and then it should be sparingly used. Topical bleeding might occasionally be beneficial, but I have not for many years used either."

Emetics and purgatives are often called for, particularly the latter, as leucæmæ are prone to constipation, and, I fear, are often neglected in this particular. I have an elderly clergyman, who has leucæmæ of the right side, and who attributes it to the straining he had been compelled to make from the neglected state of his bowels.

Antimonials, except as adjuncts to narcotics, are harmful; they

distress the patients and increase the debility. Antispasmodics are useful in cases mixed with hysteria. Tonics and stimulants are beneficial; steel, quinine, liquor arsenicalis, and kassia are the best. But, for the most part, more can be done by a well-arranged diet, because very many patients stubbornly resist medicine.

But opium or hyoscyamus, judiciously combined, are the chief remedies, if, as before observed, they are fairly given and carefully watched. The form and dose must be prescribed according to symptoms presented in each case; only let them be continued and increased till sleep is procured or excitement subdued. Generally, it is advisable to combine opium with a saline, but very frequently patients cannot be induced to take medicine, and then I have recourse to *fructose*, and give it in porter or beer. Hyoscyamus may also be given in the same vehicles, or in coffee, and is seldom detected. Patients are sensible of their beneficial influence upon them. I had a clergyman, so impressed with the power of opium in controlling excitement, that, after he left this place, he kept a mixture by him at home, and had recourse to it when he felt irritable and losing the control of himself, and generally with success. I have used these medicines extensively over a period of nearly twenty years, and have not known any ill effect. Patients are frequently sick in the morning after taking warm fluids, but this is rather solitary than otherwise.

Warm and cold bathing are indispensable adjuncts in many cases; oftentimes warm shower and body baths compose patients, and dispose to sleep. They should always be given at bed-time, as the reaction is thereby encouraged and promoted, and catarrh avoided; and, as a detergent, should never be neglected, as the cutaneous secretion of humors is generally impure, and should frequently be removed.

Cold bathing, especially the shower, is also very beneficial; is more to be used in the summer months, but is frequently serviceable at all seasons, as a moral agent in patients who, from indolence, perverseness, otherwise persist in dirty habits.

Too much care cannot be had in the selection and direction of the diet, as humors are more or less dyspeptic, by reason of the deranged state of the nervous system influencing the various functions. It should be of a light, nourishing, and easily digestible character.

*Practice pursued in the Poterford Lunatic Asylum, described by  
Mr. Bea.*

Mr. Bea says:—I find, from experience, that each case requires a special treatment, according to its individual peculiarities. In some,

the loss of a few ounces of blood from the temples and the nape of the neck, is attended with advantage; in others, it would be decidedly prejudicial. Besides to the patients are verucculæ where, as is frequently the case in acute mania in women, the menstrual function is suspended.

Many require daily attention on the part of the medical man, and the assemblage of symptoms is such as requires treatment on the general principles of medicine, and the use of such remedies as purgatives, saline medicine, counter-irritants, partial occlusion from light, sedatives, &c. The prolonged warm bath is often useful in allaying excitement and producing rest.

*Remarks.*—As a general rule, the diet of the insane should be liberal, and should consist chiefly of solid food, such as meat, bread, vegetables; and, of the former, as much as forty-two ounces per week should be allowed to each adult male patient. Malt liquors are also useful.

As a general rule, the chronic and incurable, more especially the epileptic and paretic, require as much attention and medical care as the "curable," or more recent cases.

*Practice pursued in the Hull and East Riding Retreat, as described by Mr. Cross.*

Mr. Cross observes that he varies the treatment of mania according to the symptoms manifested in particular cases. He says:—If the case were recent, and showed inflammatory symptoms, I should use cupping at the nape of the neck, shave the head, and apply cold evaporating lotions, give a dose of calomel, and follow it up with a mixture containing ant. p. tart. gr. ij. mag. sulph.  $\frac{ss}$ ; spir. lavender. co.  $\frac{ss}$ ; aquæ,  $\frac{ss}$ ; a sixth part every two or three hours; if the bowels were not relieved soon, a common soap injection; blisters to the neck, or mustard plasters and hot bottles to the feet; alterative doses of some mercurial, with a small quantity of opium, and sometimes pushed so far as to affect the gums slightly. In twenty-four hours, if the violent symptoms had not subsided, I have found the very greatest benefit from the use of a lotion to the head, containing ant. p. tart.  $\frac{ss}$ ; spir. vin. r.  $\frac{ss}$ ; acet. distil.  $\frac{ss}$ ; aquæ,  $\frac{ss}$ ; p. This kept upon the head until pustules appear, I have very frequently seen attended with the greatest benefit, and, as soon as they make their appearance, all the remaining symptoms soon disappear, and the patient becomes quiet, sleeps, and awakes comparatively rational.

In mania, with brief intervals of greater or less extent, I have frequently known a paroxysm prevented, by giving the following mixture when many other means that have been used have failed,



viz.—art. p. tart., ʒ. ; sac. digital. m. ʒʒ. magn. sulph., ʒʒ. ; aqua, ʒʒ. ; ft. mist. sup. v. ʒ. mag. ter. aquatilis.

*Remarks.*—Bloodletting I would very seldom employ generally, but very much good I have frequently seen produced by the local application of the cupping glasses, and especially of leeches in the nostrils, &c. However, bloodletting of any sort I consider to be injurious generally in all chronic cases.

Emetics I would not use; I have never seen them produce any good effect, but in some cases decidedly harm.

Purgatives are most useful in all cases of insanity.

Antispasmodics I have found very useful indeed in many cases of violent mania, that is, morbid cases; but when of long continuance, they prove injurious, particularly if given in nauseating doses, with a view of suppressing a violent paroxysm.

Opium, or anodynes, I have seen produce much good in cases of highly excited, inflammatory mania, where depletory measures have failed to produce sleep; also, I have known them particularly useful in many melancholic cases, and others where there appears great excitement but want of power in the system.

Antispasmodics, more particularly the *spir. aromatic. ferid.*, combined with tonics and stimulants, have proved most useful in many cases where the insanity has appeared to originate from some affection of the stomach, &c. The tonic I have found most useful is the infusion of *rax vomica*.

Warm bathing, in almost every form of insanity, I have found to be beneficial; cold bathing, where the constitution can bear it, is also useful. Frequently I have seen shower baths of very essential service.

With regard to diet, I say confidently, a generous diet is decidedly most beneficial in *all* cases of insanity, except recent inflammatory ones. Lastly, I may remark, I consider a good, wholesome, generous diet, and out-door exercise and employment, as the most valuable remedy in all forms of insanity.

*Practice pursued in the Surrey County Asylum, described by  
Mr. Holland, the present Superintendent.*

Purgatives, opiates, or sedatives, cold applications to the head, a moderately good or low diet, according to circumstances, and seclusion.

When recovering, a generous diet, exercise, quiet society, as far as it can be obtained, amusements, and an occasional shower bath.

*Remarks.*—General bloodletting is a very rare occurrence indeed with me, and I very seldom adopt local bleeding. I have

measure to the former, namely only in such cases where there are evident signs of acute inflammation of the brain or its membranes, and to the latter, where there are symptoms of congestion of the brain, with vascular excitement. The cases in this Asylum are such, that, during the three months I have held my present appointment, I have not once thought it necessary or judicious to employ either mode of bleeding, and most probably nine months more will elapse before such will be requisite. I seldom employ emetics, except with a view to relieve an overloaded stomach. Purgatives I deem of great value: Antimonials I believe to be sometimes useful, combined with opiate, but, generally speaking, I prefer the opiate, after purging, without the antimony. Opium and henbane are two remedies, without which, although I use them cautiously, I should feel very helpless.

Of antispasmodics I have not much opinion. Tonics and stimulants are in some cases important remedies; I think a diet, tolerably generous and plentiful in quantity, answers best in the majority of cases. I believe a cold shower bath to be useful in mania where the patient is of robust constitution, and neither shows fear of nor offers any serious opposition to the remedy; but where such is the case, the excitement produced does away, in my opinion, with all the good likely to be effected. A warm bath is soothing; but that, also, I only order conditionally.

In thus giving my opinion I ought to acquaint you that my experience hitherto in the treatment of the insane has been derived from only a three months' residence here, and four years' medical superintendence of the Manchester Asylum in connection with the Infirmary.

*Practice in the Surrey County Asylum as described by  
Sir Alexander Morison.*

If the patient is brought under mechanical restraint this is removed, and the warm bath is generally employed; the hair, if considerable, is shaved, and in some cases shaved, and recourse is had to laxative medicines, as jalap, rhubarb, senna, calomel, sulphate of magnesium, croton oil, castor oil.

Nauseating medicines are sometimes given to allay excitement, in particular, small doses of tartaric of antimony; also,

Sedatives, as hyoscyamus, morphia, camphor, nitre.

Cooling lotions are applied to the head.

Topical bloodletting by cupping or by leeches (general blood-letting has not been employed).

Blisters to the nape of the neck.

Animal food daily. Porter or wine have in some cases been given.

Few recent cases of mania have been received, owing to the vicinity of the public hospitals of Bethlem and St. Luke's.

*Practice of the Kent Asylum, described by Mr. Paynder.*

*Treatment of Acute Mania.*—Here the young physician might be led to suppose, from the violent excitement which prevails, that the vascular system needs relieving by the free use of the lancet, but bleeding will not cure mania. It will generally aggravate instead of alleviating the symptoms, for the loss of blood induces restlessness, and exhausts that strength which ought to be supported. The state of the pulse may be taken as a good criterion here, for it rarely, if ever, has the hard and incompressible beat which accompanies inflammation. Topical bleeding, by means of cupping or leeches to relieve local congestion, may, however, in certain habits, be often resorted to with advantage, whilst in all due attention should be paid to the stomach and bowels. Sedatives, either alone or combined with stimulants, such as the tincture of opium, or hyoscyamus, or the preparations of morphia, with the compound spirit of sulphuric ether, will often allay irritation and procure rest, especially when conjoined with a generous diet and London porter.

It is important to bear in mind, that during a paroxysm of acute mania, there is great exhaustion going on in the brain and nervous system, and that the patient will sink into a state of hopeless dementia if active depletive remedies are carried to any considerable extent.

*Practice pursued by Dr. Bakewell, of Oulton House Asylum.*

Dr. Bakewell says that in all ordinary forms of insanity his chief reliance is placed upon attention to the general health, especially on regulating the state of the bowels by mild aperients, combined with mild tonics, and promoting ample out-door exercise and occupation, and affording a nutritious diet. "In the more excited cases, those of high morbid excitement, I rely upon the use of more active purgatives, still giving sufficient nourishment. The use of leeches, or cupping, were also to be indicated, but I have very sparingly had recourse to them; the application of cold lotions to the head is desirable; general bleeding I strongly deprecate and never use."

*Remarks.*—Dr. Bakewell adds, that general blood-letting is



seldom or never necessary in cases of insanity. The most mischievous results have followed its use in the more violent forms of mania. "I have known an instance where perseverance in a course of depleting treatment ended in the death of the patient on the sixth day, without any appearance of amendment or remission of the violence in the mean time. Even in a strong plethoric subject the loss of a few ounces of blood, by cupping, was found to be as much as he could bear. This patient was removed to our establishment, and in three weeks was sufficiently well to be discharged, without any other means used than attention to the bowels and exercise, although he was violent a great part of the time. The patient mentioned above, whose case ended fatally, had been previously under our care and recovered perfectly, there having been an interval of some years before the second attack; in our hands he had not been depleted at all, although very violent. Local depletion, by leeches or cupping the nape of the neck, is not liable to the same objections, and may probably be used in many cases with benefit, although my predecessors have very rarely had recourse to such means. If employed only to a moderate extent much harm cannot be done, and where there is much heat of the head, flushing of the face, &c., the use of a few leeches may be a wise precaution, for we must not forget that there may be a more decided tendency to inflammation in some cases than in others, and, in some cases, some degree of organic disease. I have found it necessary to use even general bleeding, followed by the application of leeches, in one case, especially characterised by a more than usual degree of violence, and in which there was reason to believe that the brain had suffered injury from a fall. I have, however, held the opinion, and my father, who preceded me and had an experience of upwards of thirty years' practice, held the same, that insanity is a nervous rather than an inflammatory affection, depending usually upon disorder of the general health and more especially upon a disordered state of the stomach and bowels and organs of digestion."

*Remedies used by Dr. Menro in Brooke House.*

- Purgatives and antispasmodics.
- Shower bath.
- Mustard baths to the feet.
- Cold lotions to the head.
- Mild sedatives; benzene; occasionally morphia.
- Moderate diet.

*Practice pursued in the Cumberland County Asylum (Donatus Lodge) described by Mr. Watson.*

In mania, the result of cerebral congestion and of recent origin. Blood-letting, general or local (a simple incision, four or five inches in length, into the scalp, appears to me to combine the good effects of the two, viz.: rapid destruction of blood and the relief of local congestion).

Poor purgatives, (one or two drops of croton oil being the most efficacious, and most readily administered, as in beef tea, coffee, &c.

Cold to the head, not by cloths, but by frequently holding the head over a tub and pouring cold water over it. The relief thus afforded is great. I often find the patients request its repetition. Having thus relieved the congestion, I exhibit opium in large doses combined with antispasmodics. I have been disappointed in the use of other narcotics, as belladonna, hyoscyamus, castum, though used in very large doses.

The diet in such cases ought to be low, the room cool and dark. It is of the first importance to distinguish these cases from those which are the result of nervous irritation, and to watch lest the first class should degenerate into the second. The diagnosis is not always easily made, and demands great caution. The treatment is very different—small doses of opium combined with ether frequently repeated—a generous diet, with small quantities of wine or spirits and water—regulation of the digestive organs, by the Muc pill, rhubarb, aloes, &c., together with the cold shower bath, or the douche, appear to me to be the principles on which we ought to base our treatment and which I have found most successful.

In cases of chronic and intermittent mania with apathy and great excitement, and when opium had entirely failed, I have found the cold douche produce sleep, followed by great amelioration. In fact, I cannot speak too highly of its good effects in such cases.

In recent cases of dementia with pain in the head, stupor, and loss of memory, I have seen the best effects follow the application of the actual cautery to the nape of the neck.

*Practice pursued in the Suffolk County Asylum, as described by Dr. Kirkman.*

*Analyses*—Hyoscyamus and camphor, both but particularly the former largely, with intermediate purgatives. Ether and the tartaric acid of hops in large doses. The patients generally seem to be suffering from an exhausting process as coming from (page 36).

*Remarks.*—The views which I have taken of insanity, and successfully adopted for nearly thirty years, precludes recourse to any depletive measures, either by bleedings or stimoniads. General bleeding, previous to admission, has confirmed many of our cases, and on p.m. examinations of others, who have died where it was known to have been employed, the appearances were rather the result of cerebral irritation than inflammatory action, or of sanguineous infiltration, rather than inflammatory softening of substance.

Purgatives are valuable alone, and in combination with cordials.

Opium very valuable, local and general.

The light diffusible stimuli generally, and the various forms of music also valuable.

Antispasmodics must be considered rather for occasional adoption than general use.

Cold bath too exhausting, but occasionally useful when you want simply a tonic property.

Warm bath valuable; particularly useful in melancholia with the carbonate of ammonia taken internally.

The diet and regimen should be always generous. Animal food and porter; solids better than fluids. No physic equals that of good food, and no mode of administration exceeds a kind word.

*Practice pursued in the Dorset County Asylum, as described by  
Dr. Batten.*

The measures used in cases of mania are local abstraction of blood, by leeches or cupping, from the forehead, behind the ears, or the nape of the neck, cold applications to the shaven head and warmth to the feet, purgatives, including calomel, &c., salines, diaphoretics, nitre, counter-irritation by blisters to the nape of the neck, or tartrized antimony to the shaven scalp, sweating doses of tartarized antimony, warm baths, sedatives, preparations of opium, salts of morphia, hyoscyamus, camphor, 1/150 mercurial course combined with tonics, calumba, cascarella, gentian, alkalies, preparations of iron, nourishing diet.

*Practice pursued at Shillingthorpe House, as described by  
Dr. Willis.*

Dr. Willis says, that in cases attended with excitement, (viz. cases of mania), his plan is to administer Peruvian bark, camphor, ammonia, and hyoscyamus, with the view of allaying it, and reducing the pulse, adding occasionally some opiate medicine, as



colicynth or scammony. If the patient cannot keep in bed I place him in a waistcoat, considering it a most efficacious remedy for allaying excitement and promoting sleep. Throughout the case I never lose sight of two points: "To give tone to the system, and to keep away, as far as possible, all exciting causes." When the patient has become calm, and the pulse is reduced, I have recourse for a little while to medicines which increase the different secretions, and again prescribe bark. The patient having become weaker, I endeavour to withdraw him from himself by giving him a strong purgative or emetic, or by applying a blister. The equilibrium of that part of our frame upon which the mind depends for its healthy action, seems in this disorder to be greatly disturbed. Now, as we cannot tune a stringed instrument by merely screwing up the strings, so we cannot restore the equilibrium by bracing remedies alone: we must screw and unscrew, and screw again before we can produce harmony, or restore the mind to reason; and as a good ear is very essential in tuning an instrument, so is a practical knowledge of the effects of remedies on the system of very great importance in this peculiar disease. I say peculiar, because remedies which are used in the general diseases of the body to reduce the pulse invariably increase it in this, and lead to incomparable mischief, viz. dementia or death.

In consideration of the efficacy of the tonic plan of treatment, where excitement is predominant, the late Mr. Warburton told me that, previous to his acquaintance with my family, bleedings and antimonials was the practice in use in his establishment, and that many patients died, but that after Dr. Willis visited it professionally, similar cases recovered more quickly than others. And when my grandfather said in his examination in the House of Commons, "that he had cured nine out of ten," he referred to cases attended with great bodily disturbance, like the case of his royal patient, whom he was then attending, and whom he had the happiness to restore by the very plan of treatment I have already explained.

*Practice pursued at Hook Norton, described by Mr. Mollan.*

Mr. Mollan says:—My principal remedies are sedatives, either combined with tonics or stimulant and saline, according to the indications present. The form I chiefly use is the acetum opii of the Edinburgh pharmacopœia, commencing with  $\mathfrak{ss}$ , gradually increasing to  $\mathfrak{ʒj}$ , given every six hours until the paroxysm has subsided and quiet sleep is procured, when the remedy is gradually withdrawn, or used only as circumstances require. The application of cold to the head and seclusion during the paroxysm.

*Remarks.*—In reply to the inquiry respecting particular remedies, I beg to observe, that I never employ general bloodletting as a remedy.

Topical bleeding I have found occasionally useful.

Emetics I place no confidence in.

Purgatives I consider useful, especially in young pæthetic subjects, many of whom are epileptic.

Antispasmodics I occasionally combine with opiates.

Sedatives, especially opium, I believe to be the most generally useful of any class of remedies in insanity in its several forms. The form I employ is the acetate of morphia.

Antispasmodics I sometimes use in connection with other remedies.

Toxics are frequently useful.

Stimulants are occasionally called for.

The cold shower bath I have found very serviceable in cases of spathy of the system, where there has been no organic disease.

As a general principle I consider a liberal diet necessary, and in particular cases, even more than this is required.

In some epileptics I have observed considerable derangement of the digestive organs, and I am of opinion that the fits have been deferred by the use of alkalies and other anti-dyspeptic remedies.

*Practice pursued in the Cornwall County Asylum, as described by Dr. Tyerman.*

Dr. Tyerman divides the series of phenomena manifested in cases of mania, into three stages. He enumerates the principal remedies applicable to each stage, briefly as follows:—

1st. Stage of incubation.—Attention to the state of the body and health generally, in expectation of the

2nd. Stage of high delirious excitement.—Warm baths, with the shower or douche; transiting doses of tartar emetic or ipecacuanha; calomel followed by mild purgatives, as castor oil, sulphate of magnesium and soda; local depletion occasionally; evaporating lotions to the head. In cases where the head is preternaturally cold, and the pulse slow and depressed, hot applications to the head, followed by stimulating liniments and wine.

3rd. Stage of moderateness and delusions, with abatement of excitement.—counter-irritation by blisters to the vertex or nape; setons or cup. hydrag. deut-indureti to the forehead, or tartar-emetic to the shaven head; opiates or benzoin; incision of the scalp (once).

4th. In the stage of Convalescence, vegetable and mineral tonics.—Baths.

*General Observations on the Treatment of the Insane.*

5th. With respect to the general treatment of the insane, my practice has not proved to me that exclusive reliance is to be placed on any specific treatment, but that the general principles of medicine and surgery are applicable to a class of highly susceptible patients, and to be modified according to their state. The tendency very generally observed to exhaustion and even collapse, the result of nervous excitement, has appeared to me one of the most important points in connection with the management throughout.

Drastic purgatives and diuretics, therefore, as croton oil, elaterium, jalap, &c. are never used; obstinate torpor of the bowels being combated, if mild aperients fail, by clysters.

General bloodletting has been rarely practised, but sometimes with great efficacy, viz.: in plethoric states threatening apoplexy, or in a congested state of the heart and great blood-vessels. Local depletion from the head and nape in congestive or sub-inflammatory states of the encephalon, and from the thighs in mania, has been found effective, but in some cases of threatened general paralysis the blood drawn by cupping has been found thin and deficient in fibrin.

Emetics have often assisted in subduing excitement and in promoting the functions of the abdominal viscera.

Opiates and the tincture of belladonna, combined with small doses of tartar emetic, have been found of great benefit when sleeplessness and its consequent exhaustion, follow maniacal excitement; but in the stage of high excitement, opiates, as they may check a crisis, do not appear to me indicated. In cases of chronic dementia in which permanent organic or functional affection of the brain is assumed, opiates sometimes secure sleep and relieve the distressing symptoms.

Among the epileptics I do not, as a rule, use opiates, but with the conjunction of diarrhoea I have not seen any evil result from their careful administration.

Warm baths (with the cold effusion when it can be borne) have appeared to me one of the most important measures in the treatment of insanity, especially in its acute form, tending to restore the equilibrium of the nervous and vascular systems, and the functions of the skin; and frequently producing a remission or satisfactory termination of the maniacal paroxysm.

*Diet and Regimen.*—In the chronic stages of insanity a liberal and nutritious dietary appears to me chiefly indicated. Among some classes of cases, as those of epileptics and others in which organic mischief of the vessels or of the substance of the brain, exists,



especially among paralytics and other patients very prone to excitement, I believe that a stimulant regimen is generally not advisable, and may do harm; but the addition of beer, porter or wine to the diet of those particularly prone to debility, as the scrupulous and such as are engaged in fatiguing occupations, appears desirable and indeed very necessary.

*Practice pursued in the Salys County Lunatic Asylum, as described by Dr. Oliver.*

Dr. Oliver observes that, as he has never prescribed general bleeding in acute mania, he cannot undertake to say what would be the result of such practice. He has seen some benefit arising from bleeding by means of leeches applied to the scalp, and considers that measure advisable in cases the symptoms of which indicate much congestion in the vessels of the brain. In ordinary cases of acute mania he has been accustomed to rely on the use of antimonials in doses constantly productive of nausea, and on purgatives. When there is preternatural heat of the scalp he uses shower baths with advantage. These remedies are, according to Dr. Oliver's experience, greatly aided by the use of anodynes, on which he makes the following observations:—

"With respect to the employment of opium in acute mania, I am not in the habit of giving it at the commencement of a paroxysm, but commonly have recourse to tincture of hyoscyamus, giving one drachm and a half or two drachms every four hours during the day, and three drachms or half an ounce in a night draught. As soon, however, as the force of the attack begins to decline, I do not hesitate to use either opium or some of its preparations freely. Very frequently, even whilst continuing the atropine, I give from half a drachm to one drachm of tincture of opium two or three times a day, with a double dose, or perhaps two or three grains of hydrochlorate of morphia, at bed-time; and being careful to search for contra-indications, I have never witnessed any event which would induce me to regard the practice here described as not generally advantageous. Whilst employing these remedies I do not commonly restrict the allowance of food, but prohibit the coarse articles of ordinary diet, and take care as much as possible that the bowels are regularly evacuated.

In by far the larger proportion of cases of chronic mania and dementia, as in every form of disease where the organic functions of the system are depressed, a nutritive regimen would appear to be absolutely necessary. In the absence of active delirium and

where the individual is capable of pretty regular employment, particularly out of doors, the sleep is usually sound; but where watchfulness prevails, and especially where the affection is characterised by a tendency to exaltation, I am acquainted with no means so relied on powerful as an extra allowance of food during the evening, with the addition of a glass of spirits or a pint of ale. Warm bathing, which is so generally beneficial in the way of allaying nervous irritation, will fail in these cases to afford relief, if the more important indication here mentioned be not attended to. In some instances, where the irritability has been excessive, I have found the employment of opium also to be indispensable; and I have sometimes given it in very large doses before it has succeeded in procuring sleep. In one case, where the patient was not previously accustomed to its use, I found that ordinary doses were quite unavailing, and that one scruple of solid opium was no more than just sufficient for the attainment of comfortable repose. This quantity was given nightly for a considerable length of time, and was rather abruptly discontinued without detriment to the patient, when the tendency to perrigilium was supposed to be materially diminished.

*Practice pursued in Sir Jonathan Mide's Asylum (Barnes House), as described by Dr. T. B. Brown.*

*Bleedletting, general or topical.*—In recent cases, where symptoms of vascular plethora exist in a marked degree, general depletion has been practised with the best effect. Where the excitement or congestion is less prominent, cupping or the application of leeches has been found extremely useful; as a general rule, however, our patients belong to that class in which depletion is more or less contra-indicated. Baths, both warm and cold, are much used; the warm bath, with the application of ice or a stream of cold water to the head, is an excellent and frequently permanent sedative. The shower bath is also useful.

Purgatives have been found extremely useful, combined, when required, with blue pill, as an alternative. The mild aperients have been more generally prescribed, but even croton oil, in some instances, has been found extremely useful.

Opium, morphia, hyoscyne, and conium, either alone or combined with camphor or ammonia, have been used with most favourable results in those cases in which we have found excitement and want of sleep, unaccompanied with exaltation, or a state resembling delirium tremens, and also in protracted mania. Tartarised antimony, in nauseating doses, has been much used, either after depletion, or in

cases in which depletion appeared unnecessary. It is a good medicine, and very useful where mania is combined with a tendency to attacks of hysteria, in habits which admit its use.

*Remarks.*—Bloodletting, both general and local, has been practised in some instances at Hoxton with good effect (more especially in recent cases) where the state of the circulation has appeared either to indicate or admit its adoption. In plethoric habits, and in all cases in which we have met with high arterial action, venesection to a greater or less extent has been prescribed, in other cases cupping or leeches have been substituted.

As a class, however, our patients neither require nor admit depletion. With respect to emetics, I am not prepared to give an opinion. They have been but seldom used at Hoxton. When, however, the tartarized antimony, used as a sedative, has given rise to vomiting, no marked effect, either beneficial or otherwise, has supervened.

Purgatives have been found useful in every description of mental derangement. The blue pill, with the compound extract of colocynth, castor oil, the infusion of senna with neutral salts, rhubarb, magnesia, and indeed all the milder aperients, are constantly administered with the best effect. Croton oil is sometimes required, and aperient enemata are useful. We often combine tonics with aperients, e. g., the sulphate of quinine and magnesia in infusion of rose, or the infusion of geranium and senna.

*Antiseptica.*—The tartarized antimony, in full dose, as a sedative, is a valuable medicine. It is frequently prescribed in recent cases, especially in those cases in which depletion has been passed, or where vascular excitement has been more palpable than plethora or congestion. In hysterical cases it is often useful.

Opates have been frequently administered with favourable results under the following circumstances, viz. :—where continued excitement or want of sleep has been accompanied with exhaustion; where mania has been connected with a state of the nervous system resembling delirium, or has appeared to arise from a long course of intemperance. In paralytic mania, it is also a valuable medicine.

Hypocynurus and conium have occasionally been used as narcotics, or rather, perhaps, as sedatives; they have sometimes been substituted for opium, and, although less certain in their effects, are more generally admissible.

Antispasmodics, tonics, and stimulants, have been freely administered when the state of the system appeared to indicate their use; indeed, our main object in most instances has been to restore, as far as possible, the general health when deranged, and, with this view,



we have inserted in the various menus usually adopted to accomplish this desirable object, having at the same time a careful regard to the *crucible* and *evacuant* state of the *bowels* and *nervous system*.

Baths are much used at Hoxton, both as therapeutic agents, and with a view to *climatic*. The warm bath, with cold to the head, (i. e., ice or a stream of cold water), is a powerful sedative and refrigerant, and often induces sleep, in some instances followed by a more tranquil state of the patient. The shower bath is useful in relaxed and hysterical habits, where the state of the internal organs does not contra-indicate its use. In some instances, however, (more especially when cold), it has appeared to derange the functions of the liver. In prescribing baths, I think it extremely desirable to ascertain as nearly as practicable the condition of the thoracic and abdominal viscera.

*Diet and Regimen*.—In acute cases, rest, seclusion, and spare diet appear advisable; in cases of longer duration, and in those unaccompanied by vascular excitement, moderate exercise, society, some light amusement, or occupation for the mind, with a more generous diet, should be prescribed. In cases of long standing, in aged persons, in cases of debility and exhaustion, the diet should be liberal, and wine, spirituous, or malt liquors, may be supplied in many instances with much advantage. As a general rule (excepting, of course, those cases in which plethora, congestion, or vascular excitement is present), it appears to me that the diet of lunatics should be light and nutritious, and that a moderate quantity of malt liquor may be given with a good result. Exercise in the open air is very desirable. Excesses, however, both in diet or in physical or mental exertion, should be most carefully avoided.

A fresh and dry atmosphere is most suitable to lunatics; an elevated temperature is necessary in the aged and exhausted, and those afflicted with general paralysis. No uniform rule should, however, be adopted; the main object appears to be to tranquillise or give tone, as circumstances may require, to the vascular and nervous systems.

*Practice pursued in Hoxton Palace Asylum, described by  
Mr. Smith.*

Purgatives of calomel and pulvis. ipecac. comp. in equal proportions, repeated at bed-time every second or third night. Purgatives of infus. sennæ comp. with magnes. sulphat. 8ss. ungu. aromat. and tinct. jalap in the morning, so as to act freely. Cupping on the nape of the neck, if the vessels of the scalp or temples are turgid with blood. Pediluvia and baths at 100°, frequently, with

a draught of cold water at the same time on the head. A good and nutritious diet. Daily exercise in the early morning and evening, darkened room, no stimulants, occasionally grs.  $\text{ss}$ . ext. hyoscyamus at bed-time.

*Remarks.*—In regard to the queries relative to bloodletting, &c., I have, to observe that I commonly abstain (unless impelled by some apparent unavoidable necessity) very carefully from general bloodletting, under a conviction that the lancet is always to be feared in cases of insanity; if I bleed from the general system, I always choose the temporal artery; and I have found, both in the Asylum and private practice, great benefit occasionally from the operation in cases of high excitement, but I do not resort to it frequently. Emetics, about which so much has been written, I never use; mild purgatives I use constantly, calomel not frequently, and then always combined with (sulph. spermac. comp.), antimonials I use occasionally in recent cases, and then in full doses, but not frequently, as I always fear, from frequent observation of the fact, the revulsion of the circulating system as very apt to come on suddenly in cases of cerebral irritation; opiates, except in combination with calomel, I never use; sedatives, especially hyoscyamus, frequently; antispasmodics and trims rarely. Unless the system indicate the necessity of care in this respect, I always advocate a good nutritious diet, without stimulants. It appears to be indispensable even in recent cases; in chronic ones the health and comfort of the patient is greatly influenced by it, for it is unquestionable that the disease always exhausts the physical powers, and is always aggravated by a low diet, and that lunatics in general take and require a larger portion of supporting food than is used by people in common life. Free air, and exercise in the open air, and with as much variety as possible, I find absolutely necessary for their comfort, health, and recovery.

*Practice employed at Bethnal House, described by Mr. Phillips.*

The preparation of morphia, Battley's sedative solution of opium, a citrated watery extract of opium, potassio-tartrate of antimony, extract of Indian hemp, shower baths and warm baths, employment.

The diet or supply of nourishment should be nutritious, and great care should be taken that the patient be well supplied, the excitement being of that character that little or no food will be taken unless by sudden fits or starts. There is much difficulty in forcing, and the irritation produced by having a number of attendants about the patient invariably increases the fever.

The usual plan adopted is to give good beef tea, arrow root,

porter, and eggs, beat up in milk or ale; the evil to be apprehended is, that the patient will become exhausted, and sink into a state of collapse; hence the absolute necessity of keeping up the physical strength until sleep be produced; after this, food is generally taken without much trouble.

In cases of acute mania, or nervous excitement, arterial action, such as would indicate an inflammatory condition of the brain, is absent, the pulse is rapid and small, easily compressible. Blood-letting, either general or topical, is decidedly injurious.

In recurrent mania, the paroxysm acute in character, sedatives have failed for the most part; nauseating doses of iustic tartar have been found useful in mitigating the violence, particularly if followed by a sedative in an hour after the iustic tartar.

*Practice pursued in the Northampton Asylum, as described by Dr. Nesbitt.*

In recent and in young subjects the daily use of the shower bath, purgatives, with kashane at night moderately, nutritious diet, with air, exercise and occupation, avoiding all general and local depletion.

In older subjects the warm bath, with kashane, or opium, non-nutritive diet, with or without wine.

*Remarks.*—I regard a generous nutritious diet as that best adapted for the insane. There appears to be in the disease itself something so analogous to debility as to call for all our aid to sustain the system against it, and this is most effectually done by food in the liquid form, beer, porter, or even wine, and in the solid, by animal food.

Any dietary which altogether excludes from its items such liquor or animal food, is radically defective, and I think must operate injuriously on the patients.

*Practice pursued in Beekman Lunatic Asylum, described by Dr. Robinson.*

In the acute form, sometimes bloodletting, general and local, its employment and the quantity abstracted being regulated by a consideration of the patient's age, previous habits, and constitution; with this are joined counter-irritation, purgatives, nauseating emetics and sedatives. Of the latter, hyoscyamus, morphia, digitalis, and opium have seemed most efficacious, their operation being greatly assisted by the application of cold to the head, the douche, and occasional seclusion in a dark room.



In chronic mania the treatment is constitutional, through the influence of diet and regimen.

*Practice employed in Whitmore House, described by Mr. Bouverie.*

To generalise the treatment of mania in this establishment is a task of extreme difficulty, arising not only from the endless variety of the disease, both in its acute and melancholic forms, but from the equally important consideration of the patient's health. Thus the strong, healthy, phlegmatic person, whose conduct, when admitted, is violent, and excitement great, becomes benefited in some cases by general or topical bleeding. The former, however, is seldom, or at least cautiously, had recourse to: indeed, in the majority of new cases the experiment has been tried before the patient is admitted into an asylum, and great difficulty has not unfrequently been experienced in raising him from the constitutional depression incidental to general bloodletting in acute mania. Cold and shower baths are used with decided advantage, as well as the exhibition of stramonium, digitalis, opium, and occasionally blisters, or issues, as the case may require. Good plain food, the cautious use of wine and other stimulants, and malt liquors, and the least possible restraint or confinement consistent with the patient's safety, is the usual practice in acute mania (solitary confinement in padded rooms not producing that general satisfaction for which it has had the credit).

As regards the patient of weak health and delicate structure, a different course appears to be necessary; for although, under great excitement, we have found it frequently advantageous to reverse the above treatment, to support the constitution with generous and nutritious diet, substituting tepid for cold baths, exhibiting mild tonics, vegetable or mineral, as the case may require; anodynes; invariable strict attention to the stercorine and urinary secretions; in fact, whatever will tend to promote the general health of the patient is the object always aimed at, the efforts to regulate the mind being directed to the kindest possible treatment, to daily out-door exercise, when the weather will permit, with the indulgence in every kind of harmless amusement by which the attention can be occupied.

*Practice pursued at Abington Abbey Retreat, as detailed by  
Dr. T. O. Prichard.*

Dr. T. O. Prichard, under the impression that mental disease is generally connected with constitutional debility, has been in the

habit of trusting the cure to a great number of various tonic remedies, generous diet, with wine and cordials.

In recent cases, he observes, where the reaction is excessive, and there is great vigilance, with least of the scalp, I would use cold applications; and if I had reason to fear the existence of such passive congestion of the capillary vessels of the membranes of the brain, and noticed it to exist in those of the conjunctiva, I would apply leeches, and having satisfied myself that the intestines were perfectly free of accumulated feces, and that no acid matter enfolded the stomach (an every-day source of irritation), I would give antispasmodics, stimulants, and anodynes: of the latter the following is the formula generally employed. R. Tr. hyoscyami,  $\mathfrak{z}\mathfrak{j}$ . —  $\mathfrak{z}\mathfrak{j}$ .; sp. æther nit.  $\mathfrak{z}\mathfrak{ss}$ . —  $\mathfrak{z}\mathfrak{j}$ .; mixture camphor (fœt.). M. ft. haust. Of aperients, either R. ext. colocynth  $\mathfrak{v}$ .;  $\mathfrak{z}\mathfrak{j}$ .; ol. croton, gtt. ii. M. ft. pilule, xii. *dos. vel tres pro do. sing. vel altera noct.*, or ext. hyoscyami,  $\mathfrak{ss}$ .; ext. coloc. co.  $\mathfrak{z}\mathfrak{j}\mathfrak{ss}$ . pil. hyd.  $\mathfrak{z}\mathfrak{ss}$ . ft. pil. xxiij.  $\mathfrak{z}\mathfrak{j}$ . *vel ij. co. vel sct. noct. sumend.*, followed up by magnesia carb.; mag. sulph.; etiafus, serena. My favourite tonic mixture consists of soda sesquicarb.  $\mathfrak{z}\mathfrak{ss}$ . ad  $\mathfrak{z}\mathfrak{j}\mathfrak{j}$ .; opt. arsenic. co.  $\mathfrak{z}\mathfrak{ss}$ . ad  $\mathfrak{z}\mathfrak{j}\mathfrak{j}$ .; R. singul.  $\mathfrak{z}\mathfrak{j}$ .; cinna. co. vel R. cardam. (simp.)  $\mathfrak{z}\mathfrak{j}$ .; infus. cocaril q. s.; ut ft. mist.  $\mathfrak{ij}$ . *De gas vesical.  $\mathfrak{z}\mathfrak{j}$ . ad  $\mathfrak{z}\mathfrak{j}\mathfrak{ss}$ . ter die.*

I am also in the habit of using iron, of which remedy the tincture is the form I most like. I also use the sulph. quina, the citrate of iron, and citrate of quinine and iron, and occasionally employ the iodide of potassium.

*Practice pursued in Lancaster Lunatic Asylum, described by  
Dr. W. Flock.*

Topical bleeding, leeches, and sometimes cupping; purgatives, emetics combined with aperients, various antimonials and mercurial preparations. Warm and cold baths, general and topical, narcotics and solatives, blisters and counter-irritations of various kinds, regular and varied exercise and amusements. In some cases temporary and partial restraint.

*Practice pursued in the Bristol Pauper Lunatic Asylum,  
described by Dr. R. Davis.*

With increased circulation in the brain and its membranes, pulse hard and rapid, tongue dry and parched, skin hot and burning, cautious venesection. Leeches to the temples, cooling lotions to the shaven head, active purgatives with calomel and neutral salts, slightly anodyne doses of tartar emetic. Antiphlogistic diet;

perfect tranquillity by darkening the room and excluding all sounds; when the acute symptoms pass away the patient frequently becomes much exhausted, restless and impatient, indisposed to sleep, skin dry, pulse hurried but weak, tongue clean, often colder than natural; in such cases anodynes at bedtime, nourishing diet, Tonics, with wine daily, are found beneficial.

*Practice pursued in Grove Place, described by Mr. Simpson.*

Topical bleeding, followed by the shower bath and cold evaporating lotions, nauseating doses of antimony and mild aperients; in cases accompanied with great heat of scalp and cold extremities, keeping the patient in bed, and applying cold evaporating lotions or bladders of ice to the head and heat to the feet; many come with painful and scanty menstruation relieved by a mild course of mercury and the use of the warm hip bath; when accompanied with exhaustion from want of sleep or loss of blood, sedatives are of the greatest benefit; exercise in the open air for a considerable time will sometimes induce sleep when sedatives fail, and is at all times of the greatest service.

*Practice employed at West York County Asylum, described by Dr. Cornell.*

Solitude, with or without absence of light.

Coolness of the room in summer, and warmth in winter.

Plentiful supply of fresh water to drink.

Camph. sp. rect. ; sulph. s. ; hyocyanus, luanus, digitalis, opium and its preparations (infusum; liq. opil. sedativ. ; acet. and mur. morphia) belladonna, castoreo, nauseating doses of antimony; tobacco occasionally to those previously much accustomed to it.

Restraint, if rendered necessary from a disposition to self-harm, or to exposure to cold, or to nakedness.

Mild diet, with or without beer, wine or spirit.

When accompanied by heat of head, flushed face, &c.

Venesection never employed.

Leeches to the temples, cold water, or evaporating lotions, applied to the head.

Salines, &c., when febrile symptoms exist.

In derangement of the system, the appropriate treatment in general use.

*Remarks.*—Employment of particular remedies.

Venesection, twice only, for many years past, in plethoric subjects, without any benefit.



Cupping sometimes used.

Leeches applied to the temples.

Emetics occasionally in mania and melancholia, when the tongue is loaded.

Purgatives when required, in all cases.

Antispasmodics with calms when there is fever; nauseating by antimony alone in mania, now rarely used.

Opiates, sedatives, narcotics, antispasmodics, tonics, stimulants, all used in cases appropriate for them.

Warm and shorter baths when necessary; warm bathing for cleanliness, weekly.

*Diet*.—In almost all cases nutritious diet of animal and vegetable food suggested. Cases of plethora, or of slight fever, being the only exceptions.

*Regimen, Hygiene*.—Early rising, regularity of meal times, occupation without excitement, recreation either in-doors or out of doors, early rest, purity and moderate temperature of the atmosphere, as far as obtainable.

*Practice employed at the Retreat, near York, described by Dr. Thurnam.*

In cases of mania, I endeavour to conduct the therapeutic treatment according to the physical indications. In some cases there appears to be little or no room for use of pharmacoeutic means. Severe antiphlogistic measures ought seldom to be resorted to, and I have nearly always found that where general bleeding has been practised before admission, cases have assumed a less favourable aspect than might otherwise have been anticipated. This measure I have never thought it prudent to resort to. In the more recent cases, attended by symptoms of cerebral determination or congestion, I very commonly have recourse to bleeding from the head with leeches or by cupping, generally the former, and usually with marked advantage. It is often useful to follow these measures by a blister to the back of the head. Concurrently with these means, which may require repetition at intervals, I employ cold applications to the head, warm pediluvia, and such simple purgatives (with or without mercurials) as appear most suitable. In many cases, with good general management and appropriate medical treatment, these remedies are sufficient to effect a cure, but in others the amendment is only partial or temporary. When this is the case, the tartarized antimony in nauseating doses is sometimes given with advantage. In a few instances, a mild mercurial course, carried only to incipient ptyalism, has been followed by re-

covery. In a more numerous class of cases, chiefly those of somewhat longer duration, the maniacal excitement has subsided under the exhibition of preparations of opium, and particularly of rather full doses of the acetate of morphia, or of Dover's powder, under the influence of which the patient is for some time steadily kept. There are also cases of maniacal disorder, attended by symptoms of debility and exhaustion, in which I find warm bathing and the use of tonics, cordials, and stimulants the best remedies.

*Practice pursued in the Newcastle-upon-Tyne Lunatic Asylum, as described by Dr. Mackintosh.*

The hair is usually removed and the bodily organs minutely examined. If continued violence, seclusion in a darkened chamber is resorted to, and, if the head appears congested, topical bleeding is employed, and sometimes dry cupping. General bleeding is seldom used here, except where there is very decided determination of blood. The bowels are particularly attended to, and opium in gr. doses at intervals of three hours is given. In recurrent mania, I find opium mitigates in many cases the paroxysm, and I believe frequently shortens it. Cold is applied to the head, and, at the same time, warmth to the feet, with benefit. The tartar emetic is used occasionally to excite nausea; it is also employed externally. Croton oil is given when a decided and prompt effect upon the system is called for. I have found opium in combination with calomel soothing in acute mania, and in the management of such cases I have found non-interference preferable to active mercurial means. The above treatment is modified according to the symptoms presented, some cases of mania being benefited by stimulants.

*General Remarks.*—With respect to diet and regimen for the insane, it may be said generally that ordinary wholesome food, such as the various classes of society use, is admissible. When the head is affected, as in epileptic mania, during the active stage of the disorder, and in some cases of acute mania, a full diet is contra-indicated. In each state of disease nature often points out the regimen. With respect to hot and cold bathing as curative agents, I have seen temporary insanity follow the application of cold to the head, while the body was immersed in warm water, but I have seen more decided benefit from cold to the head used conjointly with warmth to the feet while the patient was in bed.

*Practice pursued in the Lying-in Department of Harlow Hospital, as described by Dr. Anderson.*

*Remedies used in Menstruation.*—Topical bloodletting by leeches; blistering by liquor vesicatorius; cold effusion.

*As Aperients.*—Calomel, colocynth, castor oil, and sulphate of magnesia, and turpentine enemata.

*As Solatives.*—Tincture of hyoscyamus, camphor, warm bath.

*As Tonics.*—Quinine, gentian, cod-liver.

*As Stimulants.*—Wine and porter.

*Remarks.*—In cases of menia general bloodletting is very rarely advisable, but during the early stages, and when of a recurrent form, topical bleeding by leeches to the temples, with a succession of blisters (liquor vesicatorius) to the nape of the neck is highly salutary, and the cold effusion is always had recourse to. Aperients of a mild character, such as small doses of calomel and colocynth, castor oil, wine and sulphate of magnesia, with the use of turpentine enemata, are generally preferred, as strong purgatives have been observed rather to increase than allay the cerebral disturbance.

Opium is very rarely had recourse to, but when the use of anodynes is indicated, a combination of hyoscyamus and camphor is generally prescribed. The frequent use of the warm bath has a cooling effect, and great benefit has resulted from walking the patient in the open air until fatigued.

Emetics were tried to some extent in 1842, but have been wholly abandoned. Antimonials are rarely used, and tonics and stimulants occasionally.

*Practice pursued in Grove House Asylum, described by Mr. Atkins.*

Leeches to the temples, and blisters behind the ears, or to the nape of the neck; scalp to be shaved, and cold applications, such as ice, evaporating lotions and the shower-bath to be administered. Feet and lower extremities to be kept warm; warm bath occasionally; tranquillity and rest to be enjoined. Solatives are employed, of which the most useful in the acute form is the hyoscyamus, in chronic mania; morphia and the Indian hemp have been given with advantage. The exhibition of purgatives, as castor oil, croton oil, or those of the saline quality, combined with antimonials to produce emphysema, have been found beneficial; exercise in the open air, when practicable, is also a great therapeutic agent.

*Remarks.*—Particular remedies, diet, &c.—I am of opinion that general bloodletting is scarcely admissible in any form of disease affecting the brain. Emetics are of doubtful efficacy. Pur-



gatives and antimonials are highly serviceable. Both warm and cold baths are decidedly beneficial in allaying excitement. Sedatives I consider very efficacious in chronic mania and melancholia; also in delirium tremens and postural mania.

With regard to diet I have found, excepting in cases of much cerebral excitement, that a generous, wholesome, nutritious diet, is that which best accords with most conditions of the insane.

*Practice pursued in Finsbury Asylum, described by Mr. Gillett.*

Bloodletting, both general and topical, but the former much less than formerly; and in no cases but where there is congestion of some particular organ. Purgatives with calomel and tartar emetic, the latter occasionally to nauseating doses. Spare diet, with abstinence from animal food and fermented liquors.

Diaphoretics and salines as indicated.

After a subsidence of violence a more liberal diet, with exercise, occupation and amusement.

*Remarks.*—Bloodletting is much more cautiously resorted to than formerly, and when its necessity is indicated, is generally effected by leeches or cupping; where congestion is present it relieves and is attended with benefit, but indiscriminately employed is of great injury, often producing prostration from which there is great difficulty in recovering a patient.

Emetics are of occasional service, from the shock they occasion the system. I used them formerly more frequently than I do now, not having experienced advantages to justify their general use. They are of more service in melancholia.

Purgatives are of great value, and I resort to almost all of them, according as the constitution or other indications may justify. I always try the effect of mild ones at first, and use only the most drastic when necessary.

Antimonials are of service in reducing the circulation, and a judicious use of them will generally supersede the necessity of bloodletting.

Quines and anodynes I rarely resort to, and think generally they occasion more mischief than service. In cases arising from excessive indulgence, partaking of the character of delirium tremens, they prove of most benefit.

Antispasmodics are occasionally of service where there is disease to indicate their use; they are principally of service in hysterical affections after the bowels have been well relieved.

Toxics are valuable, more especially in cases of exhaustion after severe medical treatment, and in cases of paralysis connected with

innuity; a liberal diet, however, will often supersede their use, and is more grateful to the stomach and patient.

Stimulants are sometimes resorted to when there is temporary depression of the vital powers.

Bathing.—I have found warm bathing of greater service than cold in relieving the system; generally it tends to produce a healthy action of the skin and other secreting organs. Cold is of use in giving tone to the system after exhaustion from protracted illness, and topical cold bathing is of much service in relieving the head at times, and is most grateful to the feelings of the patient when it is permitted to be used.

Ions. I have found of service when large, and used on the vertex; smaller ones and setons I have not found of much service.

Blisters have not appeared to me to be of much service; they rather tend to irritate the patient than relieve.

Musical positions are of more benefit; they are more rapid in their action, and do not occasion the after-annoyance.

Counter-irritants are of doubtful advantage. I occasionally employ them, but with not much decided benefit, they tend more to enfeeble the mind, and in this way are of service.

A liberal diet and regimen is of great value unless contra-indicated by general or local congestion; it tends much to restore the healthy tone of the system, keeps the patient tranquil and contented, and with exercise, occupation, and amusement, helps to restore more than medicine of any kind with which I am acquainted.

*Practice pursued at the Hartford Asylum, described by  
Dr. Gilliland.*

I have found occasional topical bloodletting by cupping or leeches (I never bleed from the general system except in cases of inflammation irrespective of the mental disorder), to relieve the congestion of the brain. I have found active purgatives, more especially the use of the croton oil combined with the pil. spongia comp., in doses of three to five drops of the former, and four to six grains of the latter the most effective, when there was no other disease to contra-indicate their use. I have, in many cases, found decided advantage from small doses of some of the salts of morphia after the purgative had had a full effect. These, with attention to warmth, especially the feet, and keeping the hair short and the head cool, have been the principal means used.

*Remarks.*—I am by no means an advocate for bloodletting, except topical. Eschsch I seldom have recourse to, as I think I have seen bad results from their use; producing increased temporary

and dangerous congestion of the brain. Purgatives in various forms I have found of greater advantage than any other course of treatment. Antispasmodics I very rarely use, except some local ailment requires it. I have found much good arise from nuxdines in very moderate doses (after purging to relax the vessels of the brain): they produce calmness and quietude. Antispasmodics and stimulants I very rarely use, and cannot, therefore, say much about them. Tonics I have found useful, but generous diet with good beer or ale, generally meets the cases when such medicines are required. Hot, or rather tepid bathing, I think very beneficial in many respects, and in the summer season particularly, I think cold bathing very beneficial. Diet ought to be always generous, but light and easy of digestion, with a full allowance, except in cases when such would be manifestly improper. Warm clothing cannot be too much attended to, particularly in the winter, as it tends to soothe and prevent fits of excitement.

*Practice pursued in Fiskerton Asylum, described by  
Dr. W. C. Finch.*

Cautious abstraction of blood by local means (resorting but very rarely to general depletion). Topical applications of cold to the bare head: warmth to the lower extremities. The proto-chloride of mercury in twelve grain doses, followed by castor oil, if they fail to have a purgative effect. Large and repeated doses of crude opium, and tartarized antimony, from two to five grains of each, to allay violence and procure rest; leop pillow.

In the chronic stage an issue by means of a longitudinal incision through the scalp, returns in the shape of the neck, necessary to afford the mouth, abetive preparations twice or thrice a day, stimulants to the surface; shower baths, with warmth at the same time to the feet; support to the constitution, by a generous and often stimulating diet, malt liquor and wine, air and exercise.

*Practice pursued in the Royal Hospital of Bethlem, as described  
by Dr. Raman, and Rev Alexander Munro.*

Purgatives and antispasmodics, antelunes.

Shower baths and warm baths, blisters, leeches occasionally, cold lotions.

The diet varies according to the case.

Bloodletting is never resorted to except in cases of apoplexy or pleuritis.



*Practice pursued at the Devon County Asylum, as described by Dr. Bucknill.*

With *let scalp, full pulse, &c.*, from six to twelve leeches to the temples or behind the ears, the head shaved and evaporating lotions applied, a warm bath for half an hour at bed-time; the bowels open by one dose of calomel, jalap, followed, if necessary, by salts and senna, then one-fourth or one-third of a grain of tart. emetic in solution, every three or four hours; the patient is not kept upon low diet; he is clothed warmly, and in the open air as much as possible, and the opportunity of muscular exertion and fatigue is allowed. If he does not sleep,  $\mathfrak{ss}$ . of tinct. of henbane, with camphor mixed, are given at bed-time; if this does not succeed,  $\mathfrak{ss}$ . of laudanum with  $\mathfrak{ss}$ . of sulph. ether are given when the acute symptoms have yielded.

When the head is cool, the face pale, the pulse compressible, I give warm baths, with ether and ammonia, and sometimes ether and laudanum, or Hoffman's anodyne, with steele's opiate. When these symptoms are accompanied by great insensibility or restlessness with illusions, and when I can ascertain that the patient has been a drunkard, I give wine, ether, and large quantities of spiritus, the indications of treatment being the same as in delirium.

When the patient, with the ordinary symptoms of mania, presents those of typhus fever, with scordes on the teeth, picking the bed-clothes, &c., I give warm regimé, frequently ammonia, camphor, ether, with occasional doses of calomel; I have fortunately never lost a patient suffering under acute mania.

*Remarks.*—General bloodletting I never use and cannot therefore give an opinion upon.

*Local Bloodletting.*—I use frequently by leeches to the groin, temples, or neck; or by cupping the nape of the neck; in inflammatory diseases within the chest I find that free cupping between the shoulders, followed by the use of antiseptic or mercurials is sufficient, and that bleeding is not required.

*Emetics.*—I have given with benefit where exacerbaton of mania is accompanied by fetid breath or discharge of glaucous mucus from the stomach; also in incipient dementia with lethargy and insipitation, and for chronic cough.

*Purgatives.*—Patients are often admitted with obstinate constipation, and for these the stronger purgatives are necessary, but afterwards this condition is not allowed to prevail, and an occasional, or if need be, a small daily dose of compound starch pill, or castor oil, or decoction of senna, or house medicine is all that is requisite; five or six grs. of calomel is given when the state of the liver requires it, but I have now much discontinued the use of drastic purga-

tees; I have used them with decided benefit in maniacal cases, but have made up my mind that antimonials are more disagreeable and unsafe. The house medicine above-mentioned is made of the sulphate of magnesia, and soda with senna, and extract of liquorice decocted, and peppermint water added when cold; the patients like it, and a dose to produce two or three dejections will often cut short beginning excitement.

*Antimonials.*—I use tart. emetic frequently in acute and recurrent mania, dissolving three or four grains in mint water with simple syrup and giving one-twelfth part every three or four or six hours; when a few doses the medicine does not usually produce sickness, the appetite is not diminished, and the patient often gains flesh during its use: two or three gamboge-coloured evacuations are generally passed in the day. I believe that this medicine acts less by its depressing agency than by some influence upon the congested capillaries of the brain, enabling them to contract. I find that repeated doses of ipecacuanha the more nauseating are not equally useful.

*Opium and Anodynes.*—I use sparingly. In the cases before referred to as resembling delirium tremens, opium is given in large quantities: it is not given if there is heat of the scalp and a strong pulse; in other cases of sleeplessness, where it is not thus contra-indicated, it is usually combined with sulphuric ether, or with camphor; hyoscyamus in combination with ammonia and camphor, is often given to a sleeping patient, but sleep is more frequently induced by warm baths, cooling lotions to the head, or senna feed in the middle of the night, than by means of narcotics; a plaster of extract of belladonna is sometimes used to the epigastrium or perianthium as an anodyne; other narcotics have been tried without encouraging results.

*Antispasmodics.*—The compound galbanum pill and mixture containing the fetid sp. of ammonia, or the tinct. of muscadella are sometimes given to females with uterine derangement; but the only antispasmodic in frequent use is the sp. of turpentine, given to epileptics with a view of reducing the number and the severity of the fits.

*Diuretics.*—Vegetable bitters, with ammonia and aromatic stimulents or with mineral acids, or with liq. potassæ, or with small doses of iodide of potassium, are frequently used; also diuretics in the form of steel wine, or compound steel pills, or iodide of iron dissolved in simple syrup, which prevents its decomposition, are given in numerous cases with benefit. The only tonic not in general use which has been given, is the sulphate of strychnia in doses from the thirtieth of a gr. upwards; it is never given to produce action.

(witchings). It requires occasional doses of stoeitic medicines, and is useful in some cases of melancholia in old people.

Stimulants are frequently used medicinally; those preferred are ether and ammonia. Strong beer, porter, and wine, they are mostly given to patients who are admitted in a reduced condition, or to those whose strength is failing from general decay, paralysis or other cause.

Bathing, tepid, warm, shower and vapour baths are not used; a tepid bath is given to all the patients once a week in summer, and once a fortnight in winter for the sake of cleanliness. Warm baths are constantly used to produce excitement and to induce sleep. Shower baths are used as a tonic to dyspeptic and hysterical young patients, but not to old ones; they are also sometimes given to the refractory as a penal remedy. Vapour baths have been tried upon some old persons suffering from melancholy with dry and harsh skin; it is thought with benefit, but further experience is required.

*Practice in the Liverpool Lunatic Asylum, described by  
Mr. Padley.*

When recent, removed from every source of irritation and disturbance.

Cold applications, when there is heat of the head and other signs of vascular excitement, the hair being being cut off, or sometimes the shower bath, when the case admits of it, and warmth to the extremities.

Purgatives—the state of the bowels requiring or permitting them.

The patient continuing sleepless and violent, or restless after these means, a sedative (extract of hyoscyamus, gr. x. per dos.) The warm bath in a few instances; occasional seclusion.

The patient being pale, emaciated and enfeebled from previous loss of blood or other causes (though still excited), a generous diet, tonics, and sometimes even stimuli, in moderate quantity: an opiate being generally prescribed and repeated occasionally.

Gentle exercise in the open air; warm clothing.

In one or two cases partaking of the character of delirium tremens, opium has proved serviceable.

*Chronic.*—The removal of any functional or other derangement that may be present.

Exercise in the open air whenever practicable, and employment in the garden.

Occupation and amusements of various kinds, as reading, music,



dancing, constructing various different useful articles, and certain games, as draughts, chess, bagatelle, &c.

The warm bath once a week.

The shower bath occasionally, especially at the approach or during paroxysms of excitement.

Purgatives, especially at such periods.

Occasional seclusion; removal when refractory from the more solitary patients, serving as a correction in cases where there seems to be any power of self-control.

A few cases of delirium tremens have been admitted in which opium has been used with the usual result of relief, a purgative having been also required.

*Practice pursued at Springfield Asylum, as described by  
Mr. Harris.*

Mr. Harris states that he varies the treatment of insanity according to the nature of the bodily ailment, or what he supposes it to depend upon. He says, that when it arises from pleuritis it requires bleeding, cupping, leeches, mercury, antimony, emulsi, blisters and opium. He adds, "we have mania arising from a low fever, which has been very prevalent in this neighbourhood, preceded by influenza; in these cases I have found quinine, ammonia, opium, brandy and a generous diet, all powerful in its cure—often seeing some brandy and water acting like magic in allaying the excitement and producing sleep.

We have mania arising from excessive drinking, and putting on the form of delirium tremens; here we require generous diet, moderate and gradual stimuli to be left off, and frequently repeated doses of opium.

*Remarks.*—The diet should be nutritious, in a moderate compass and easy of digestion, in fact there ought to be as little pressure on the large blood vessels of the belly and chest as possible, that during the torquescence of the vessels of the brain, there may be no pressure any where else.

I have found attention to the secretions useful, and have often prescribed the alkalis with rhubarb, with advantage, as I have observed much flatulence in epileptic cases.

Again, I have known cases which have arisen from a defective nervous energy: in these cases remedies will suggest themselves when we can appreciate the cause; they will be found in purgatives, tonics, and change of air and scene.

For many years past diseases in this neighbourhood have been of a peculiar type, manifesting, in most cases, a low state of power,

and I have found that insanity has been subjected to the same rule; I very seldom bleed or deplete beyond purging, and in a majority of cases give tonics.

*Practice pursued at the Retreat Asylum, Clapham, as described by Mr. Bush.*

*Acute.*—Seclusion from noise, and, in some cases, light, local abstraction of blood, cold applications to the head and occasionally blisters, baths: medicine, calomel, castor oil, and other aperients, tartar emetic, digitalis, salines, tonics: rarely have I derived any benefit or advantage from opiates. Diet, light and nutritious. Wine in some cases essentially serviceable. Restraint most decidedly advantageous.

*In chronic cases:* a modification of the above system, with outdoor exercise as much as practicable, and amusements in any shape that can be rendered pleasing.

*Practice pursued at Brighthelm House, as described by Drs. F. and C. Fox.*

In cases of mania, which we most observe seldom come under our notice in the incipient stage, we have rarely seen benefit derived from general bleeding; small quantities of blood are often abstracted by the cupping-glasses from the nape of the neck; the bowels are evacuated freely by elastics, combined with nauseating doses of tartar emetic, taken each night, and succeeded by castor oil in the morning; the cold plunge or shower bath is usually taken each morning, and it is repeated with much advantage in the evening in cases of sleeplessness. In the more protracted cases of mania, the principal medical treatment has consisted of counter-irritants to the scalp or to the pit of the stomach, with attention to the state of the skin and bowels, the maintenance of a warm atmosphere in the sleeping apartments, a plain and nutritious diet, and the use of much exercise, unattended with violent bodily exertion.

*Remarks.*—We have found it impossible to compress under either of the foregoing heads, a large proportion of the cases which have been in the Asylum, or to describe any uniform mode of treatment as applicable to the cases in either of the divisions. In those cases of moral perversion which occur without the existence of any delusion, we have seen much benefit derived from the system adopted in an Asylum. In this form of insanity we have generally discovered a propensity to excess in diet and to intoxication, or to the indulgence of lascivious habits; and we have found a

spare diet, cold bathing, saline purgatives, early rising and active exercise, with a prolonged separation from the scenes and habits of former excitement, most useful to such patients. We believe that such a system can only be enforced in an Asylum, and that moral treatment and the services of a Chaplain are of much importance in these cases.

General bloodletting is only resorted to by us in those cases of mania in which the physical condition of the patient induces the apprehension of apoplexy, and never for the purpose of quieting a paroxysm of excitement. Previously to admission most of our patients have been under medical treatment, and we have often had reason to suspect that the general bloodletting to which they have been subjected has been detrimental, and that it has, in some cases, induced permanent fatuity. We have found general bleeding useful in some cases of melancholia. In most forms of insanity, we find benefit derived by the local abstraction of blood from the head or nape of the neck. In some cases, by the application of leeches to the pit of the stomach, and, in females, to the groin.

We value antispasmodics in the treatment of insanity much less for their emetic action than the change which they effect in the circulation, and we find that this object is gained by nauseating doses, which tend to allay animal excitement and to procure sleep.

We consider that the use of purgatives is indicated in almost all forms of insanity in the irritable stages, and we find them especially useful in melancholia, until they can be dispensed with by attention to diet and exercise; opiates and anodynes have frequently been resorted to by us with a hope of success which has but rarely attended their use. In paralysis and epilepsy we have derived benefit from the use of antispasmodics, tonics and stimulants, and in some cases of melancholia, dependent upon internal disturbance, but we have not found these remedies of value in the treatment of mania.

We attach much value to the use of hot and cold bathing. In mania we chiefly use the cold plunging and cold shower bath, and we find the warm bath and the cold shower bath, with the feet of the patient immersed in hot water, more applicable in cases of melancholia.

We are of opinion that morbid and melancholic patients almost invariably require a generous and nutritious diet; this we find to be equally necessary in cases of chronic insanity. In epilepsy and paralysis, connected with insanity, we often find it necessary to place the patients upon a very restricted system of diet.



*Practice pursued at St. Thomas's Hospital, as described by  
 Drs. Miller and Skaffer.*

*Mania.*—*Acute Mania.*—The mode of treatment most generally is the soothing and mildly aperient, with a carefully regulated diet, and, in some rare cases, depletion.

The soothing means used are effervescent sodas with hyoscyamus, the occasional administration of the *Æq. opii*, sedatives, or salts of morphia and warm bathing.

The aperient consists in mild but effective doses of rhubarb, colocynth, or salts and enemata.

The dyspeptic means are usually acid saccharals, combined with antimonials or digitalis, and, where tendency to local inflammation is shown, leeches.

The diet adopted on the first ingress of an acute attack, is, for the most part, but or only slightly nutritious, as tea, broth, &c.; but, after a few days, a more nourishing or even stimulating diet is generally required.

In *Acute Puerperal Mania*, great benefit has been derived from the adoption of the above mode of treatment, combined with sedative injections and warm bathing.

In *Chronic Mania*, a general soothing treatment combined with good diet and a strict attention to the bowels.

*Bleeding.*—Of local bleeding mention has been made. General bleeding has rarely or never been resorted to, and the experience of its employment, derived from those cases admitted after it had been freely practised, shows it to be evidently injurious, by breaking down the constitution, and confining towards an uncontrollable mania, very apt to settle down into dementia.

*Counter-irritants*, as blisters, mustard-poultices, &c., are sometimes used in cases of local congestion, and where there are suppressed eruptions; in these latter cases with much advantage.

*Diet and Regimen.*—The diet is generally full, and only when necessity absolutely demands it, is it reduced below the standard of health; and out-door exercise is enjoined, and light reading and quiet amusements, with a view to occupation, promoted.

*Remarks.*—*Purgatives and Aperients.*—Mild purgatives have been spoken of as generally useful. Drastic purgatives are rarely resorted to, experience having shown that anything like hyperæsthesia is apt to set up irritation or even inflammation in the bowels, and to tend to depress and break down the powers of life. In cases of obstinate constipation, where aperient medicines are refused by the patients, jalap is given, colored or bread, or suppositories of colocynth and castor oil, have proved available.

*Emetics* are rarely given as a general remedy, but are sometimes useful in special cases.

*Practice pursued at the Leicester County Asylum, as described by Mr. Prouer.*

The local abstraction of blood, counter-irritants, salutarinels, hyoscyamus, emetics, purgative, as well as anodyne, cold affusions, the application of ice, the warm bath, seclusion, a liberal but carefully regulated diet, and particular attention to the action of the bowels.

*Remarks.*—The foregoing are the general principles of treatment adopted in this institution, but in cases of insanity, of whatever character, it is impossible to lay down any fixed method of practice, so much depending on the peculiar method or nature of the case, the constitution of the patient, and the previous treatment.

In cases of acute mania, I have seldom found depletion advisable; it is too often the consequence of positive weakness and functional disorder, and is invariably aggravated by the antiphlogistic treatment. A carefully regulated diet, the diffusible stimuli, and often the exhibition of wine and malt liquor, with strict attention to the proper action of the bowels, seclusion and rest, have been found, in a great majority of instances, very beneficial.

In chronic cases, the local abstraction of blood occasionally, with counter-irritants, is much better sustained, and is frequently productive of marked relief.

*Practice pursued in the Leicester Asylum, by Mr. Gaskell.*

Opium; good diet, with stimuli; systematic exercise; warm baths.

*Remarks.*—In cases of inattention to the calls of nature, considerable benefit has been derived from most persevering efforts to create in the patient improved habits, by which means a corresponding improvement is found to take place in the mental condition of the individual; much of the disgust and offensiveness to which the patients generally were formerly exposed is removed, and the general health of the inmates promoted by the prevention of noxious and depressing odours.

General bloodletting is scarcely ever resorted to, and topical only very rarely.

Emetics are employed only specially, as, for instance, in suicidal patients, after an attempt at self-destruction, when, after

the emetic has acted, a purgative is administered, and subsequently a blister to the nape of the neck.

Purgatives are scarcely ever used (except in melancholia) as a means of affecting the mental faculties.

Antimonials only when specially indicated.

Opiates frequently; chiefly in the form of solution of morphia.

Antispasmodics are rarely administered.

Tonics, both vegetable and mineral, are in constant use.

Stimulants are frequently administered.

Warm bathing is used regularly for the purpose of personal cleanliness, and specially to allay irritability in individual cases. If more convenient baths and a better supply of warm water were provided, this agent would, for both purposes, be more frequently employed. Steps are now taking for remedying this defect. Cold bathing is rarely if ever used, but the cold shower bath is in general use, both as a means of invigorating the system, promoting personal cleanliness, and to check occasional tendencies to violence and destructiveness.

As respects diet and regimen, much advantage has been derived by substituting a good, abundant, nutritious and varied diet for a poor and unvaried one. This, in conjunction with other means, appears to have reduced the mortality very considerably. During the first twenty-four or twenty-five years, the average number of deaths was about eighteen, of late it has been about eight per cent.

*Practice pursued at the Military Lunatic Asylum, at Yarrowath, as described by Dr. Sillery.*

*Acute Mania.*—Local bloodletting, chiefly by cupping-glasses; warm baths, with cold to the head; free purgation with calomel and jalap, or castor, salts, &c.; large doses of acetate of morphia, combined with the tincture of opium. After the local congestion has been subdued, it is often necessary to combine morphia with stimulants, particularly brandy, as also to administer beef tea and other nourishing food. During the convalescence, liberal diet, tonics, particularly quinine, porter, and wine, are necessary.

*Of Chronic Mania.*—Besides attention to the general health, cold shower baths have been found most beneficial in allaying excitement and procuring sleep; as has also the friction of Indian hemp.

Such patients require, one and all, a very nourishing diet. Meat is allowed daily in this Asylum, and I do not see how, with justice to the patients, this could in any way be dispensed with. Porter and spirits are also frequently necessary.



*Practice pursued at Stafford County Lunatic Asylum, as described  
by Mr. James Waller.*

In the medical treatment of the cases of mania sent to this Asylum, the first indication is sought in the careful examination of the patient's general condition, in ascertaining how far the cerebral excitement depends upon increased vascular action, and in detecting the nature of any bodily disorder which may be present. Although the latter is often obscure, still some derangement of the thoracic or abdominal organs, either functional or organic, is a constant complication of mania, and remedies directed to their relief are often sufficient to cure the mental disorder.

In many instances the patient, when brought to the Asylum, is in so prostrate a condition, either from exhaustion, produced by the disorder itself, from having refused food, or from the extent to which bleeding, purgatives, and low diet have been carried, that the course of treatment is at once slow, and good nourishing diet, stimulants, and tonics often restore the patient, unless, as is too frequently the case, the symptoms of sinking have already set in.

The injurious effect of active medical treatment in cases of mania, and the tendency there is to exhaustion and sinking, is so fully established, that the general practice in this Asylum is chiefly directed to supporting the vital powers, allaying the cerebral irritation, and correcting the existing physical derangement, not by any peculiar or specific mode of treatment, but upon ordinary principles.

In pure cases of mania, however great the excitement may be, general bleeding is never employed. The cerebral irritation is often materially relieved, and every advantage gained by local bleeding, without materially depressing the patient's strength. For this purpose leeches to the temples, or behind the ears, and cupping on the nape of the neck, or on the nape of the neck, are the means usually employed, due regard being had even in using these, to the amount of vascular action and condition of the patient.

Any deranged derangement in the patient's general health, or in the function of any particular organ, is attended to, and appropriate remedies prescribed, but the usually defective state of the digestive and assimilative organs renders attention to these of much importance. The bowels when torpid are freely acted upon, and if there is nothing to contra-indicate such a course, the mercurial and accumulated secretions are removed by a dose or two of calomel, either alone, or combined with ipecacuanha; and if the patient refuses medicine, croton oil and emetics are employed. If there is much exhaustion, an emma alone is prescribed.

The various narcotics and sedatives are constantly used in this asylum in the treatment of cases of mania, both acute and chronic; and though they are uncertain, and no very precise rule can be laid down for their employment, they are, on the whole, found to be highly serviceable. They appear to be of the most benefit in cases attended with great nervous excitement, and are of little use, and often positively injurious when there is much febrile disturbance, especially in typhoid symptoms, or vascular determination to the head. The description of narcotics to be used, and also the dose, can only be determined by experience in individual cases. The free action of the bowels should be previously obtained, and then either solid opium, the tincture, Battley's sedative solution, or morphia, are prescribed, combined in some cases with calomel, or ipecacuanha, hyoscyamus, camphor, or aether. In cases of great excitement, any of these in small doses rather increase it, and it is important to prescribe full doses, and frequently to keep up the narcotic action, by repeating it every four or six hours. The Indian hemp has lately been employed here, and when genuine is a valuable and powerful remedy. In several cases in which I have employed it the excitement has been subdued and sleep obtained, when large and repeated doses of opium and morphia only added to the restlessness of the patient. Its after effects also seem to be less injurious than those of opium; constipation is not produced, and the constitutional disturbance is often relieved.

Where there is much febrile disturbance, with heat of skin and thirst, the saline mixture (composed of liq. ammoniac, acet. vin. santon., pot. tart., tinct. hyoscyam., potasse nitro., and mixture camphorata) is frequently prescribed with good effect, the action of the skin being promoted by it, and the restlessness relieved.

In certain cases of acute mania, and also in the chronic form, the employment of tonics is found to be of much use, especially in enfeebled constitutions, with weak pulse and depressed vital powers. Quinine, iron, and the vegetable bitters, combined with stimulants and aromatics, are prescribed in these cases.

The excitement in mania is rather increased than relieved by low diet, and the usual difficulty is to get the patient to take sufficient food. The diet used here is simple and nutritious, and the principle of supporting the patient's strength, and making up for the waste and exhaustion which is going on in the system by an abundant supply of nutriment, is here fully acted upon.

Thus, patients who are labouring under much excitement are not restricted to the ordinary dietary, but are supplied with meat daily, soup, milk, eggs, sage, arrow-root, &c., and often with wine, brandy, ale, and other stimulants; and daily experience proves

that in many chronic cases life may be prolonged by a liberal diet, and that in recent cases it alone often cures the patient, and even supercedes medical treatment.

The use of the warm and shower-bath is found here to be of much importance in the treatment of mania. The warm bath seems to exert a sedative influence in many cases of excitement, and may generally be employed in safety. The tepid, or cold shower-bath, when cautiously employed, is also a powerful means of allaying the paroxysm, and many patients acknowledge that it alone has cured them. It seems to be of the greatest benefit in cases of mania, attended with heat of scalp and increased vascular action, and when unattended with much general disturbance of the system or symptoms of thoracic or abdominal disorder. In the latter complications the use of the shower-bath is at once contra-indicated, and the warm bath may be substituted for it.

Cold lotions, ice, and cold affusion to the head, are constantly employed whenever heat of scalp, suffused eyes, and increased arterial action indicate fulness of the cerebral vessels.

In acute cases of mania blisters are not often used here, as they seem to add to the excitement by the irritation they produce. In cases of chronic mania they are employed, and especially when there is evidence of slow mischief going on in the brain.

*Remarks.—Emetics.*—These, as directed to the treatment of insanity, are never employed in this Asylum, nor are the depressing doses of tartarised antimony which some practitioners recommend. In cases of gastric or biliary derangement, in which emetics would be indicated under other circumstances, they are occasionally employed.

To the observations on general bleeding I may add, that not only is there a want of proof of relief having been obtained by this popular remedy in any of the cases brought to this Asylum in which it has been practised, but its injurious effects have been so repeatedly and decidedly witnessed, either in producing fatal exhaustion, or reducing the patient to a hopeless state of imbecility, that in cases of simple mania, uncombined with inflammation, its adoption cannot be too strongly deprecated.

In reference to the diet of the insane, daily observation increases my conviction that a liberal supply of good nutritious food both adds to the recovery and diminishes the mortality in institutions for the insane, being an important means of cure in recent cases, and of prolonging life in the chronic and incurable.



*Practice pursued in Puerperal Haemorrhage, as described by  
Mr. Hill.*

If recent, or attended with much loss of scalp, besides to the forehead, temples, or behind the ears, the warm bath (the head being kept cold during immersion). Cold applications to the shaven scalp. Mild purgatives, small doses of tartaric of antimony, combined with nitrate of potash, cooling sub-acid drinks. Mild farinaceous diet; if there be much restlessness and want of sleep, a full dose of hyoscyamus at bedtime (tinct. ʒij. ad ʒij. or extract, grs. x. ad xv.). If the excitement continues long, blisters to the nape of the neck, with the shower bath.

*Remarks.*—[Bloodletting.—1st. General.—This I very seldom, if ever, have recourse to in acute cases, my experience being decidedly against its use. The depression following even its moderate employment is frequently so great that the patient never rallies.

2d. Topical.—This, however, I consider a most valuable remedy, either by means of leeches or cupping, the former I generally employ and apply to the head when much loss of scalp exists, or pain is complained of, or the patient has been subject to epistaxis; to the groin in suppression of haemorrhoids, and near the vulva in suppression of the catamenia.

*Excise* I have little used excepting during the last six months, at the suggestion of Mr. Ferguson, the assistant-surgeon. As a general remedy, my experience is not much in their favour.

*Purgatives.*—In all cases I consider due attention to the state of the bowels to be of the utmost consequence, but do not approve of the constant and indiscriminate use of active purgatives. In some cases, particularly in melancholia, strong purgatives are required, but generally speaking I prefer the milder ones, as rhubarb, magnesia, the neutral salt, castor oil, the compound colocynth pill, the compound rhubarb pill.

*Antispasmodics.*—I very generally have recourse to in cases of spasmodic action, and prefer small doses frequently repeated, so as to keep up a gentle nausea, care being taken that too great a depression does not follow their use, and avoiding them where much irritability of the intestinal mucous membrane exists.

In many cases large doses require to be given before any very marked effect is produced.

*Opium and Anodynes.*—My experience is not in favour of the general use of opium, especially in acute cases. Of the various forms I prefer the liq. opii solution (Battley's) and the mixture of morphia. A very good form which I frequently employ in chronic cases, is the pulv. opii, combined with pulv.

aloes (gr. jss. ad ij. of the former to grs. vi. ad grs. viij. of the latter). The aloes prevents its constipating the bowels, and relieves the distressing headache so often produced by the use of opium.

As an emollient I prefer hyoscyamus which is the remedy I generally employ, either in form of tincture or extract, the former in from grs. ad jij., and the latter from grs. x. ad xv.

Conium I consider a very good emollient but inferior to hyoscyamus.

*Antispasmodics*.—I have recourse to chiefly in cases of hysteria and epilepsy, and those I generally employ are camphoric, galbanum, myrrh, castor-oil, opium, lavender, soap, spirit muscivore animal.

*Purges*.—I consider very serviceable in all cases attended with delirium, and those I chiefly make use of are squills, gentian, calomel, quassa, the mineral acids, and the preparations of iron.

*Stimulents*.—I likewise consider very serviceable in cases attended with languid circulation and general debility; of these I chiefly employ wine, porter, the preparations of arsenic, and the various tonics and cordial tinctures.

*Hot and Cold Bathing*.—The warm bath I consider a most valuable remedy, especially in acute cases. I generally have the patient immersed for half an hour, unless faintness supervene beforehand, to induce which I generally permit one or two doses of tartaric acid or antimony, where much excitement exists.

In all cases, I think it important that the head should be kept cold during the period of immersion, by means of a towel drenched in cold water, or an ice cap.

The cold bath I seldom use, excepting in summer weather as a general tonic; in many cases of excitement, however, I have found it attended with much benefit. Being a remedy, however, liable to abuse, I never allow it to be given by the attendants without my express permission.

*Diet and Regimen*.—The diet of the insane, in my opinion, should be nutritious in quality, simple in quantity, and rather of a solid nature, liquid food being very apt to produce diarrhoea. It should also be varied as much as possible, one sort of meat and vegetable being substituted for another, and cooked in a different form. The dietary table of this Asylum, for the pauper Lunatics, answers very well and gives general satisfaction to the patients. The insane require to be warmly clothed, and should wear flannel next the skin, and their day rooms and dormitories should be comfortably warm and well ventilated. The utmost attention is required with regard to cleanliness, to insure which every one should

have a tepid bath at least once a week. They ought to have plenty of exercise in the open air, along with employment, which is one of the grand means of cure; the males in farming operations, gardening and the various trades; the females in needlework, the laundry, clothing, &c.

Amusements likewise should be encouraged, especially out of doors, a cricket ball, bowls, skittles, &c., and indoors as billiards, loggables, draughts, cards, dominoes, &c.

Light and entertaining books, should also be plentifully supplied. Music and dancing should likewise be encouraged, except in recent cases, and in those where it is found to be too exciting.

*Practice pursued in Convent Hill House, as described by Mr. Paul.*

In this class of disease we have tried various remedies with different success, but have derived the greatest benefit from the judicious exhibition of purgatives and sedatives, combined with the continued use of stimulants and counter-irritation. In the administration of purgatives, we have found great advantage from the use of scammony, aloes, and croton oil, but in weak and debilitated subjects, particularly in those (and they are not a small class) who have tendency to inflammatory action of the intestines, we have found laxatives and mild cathartics, frequently given, answer best, such as the neutral salts, senna, castor oil, &c.

Sedatives are a class to which we are also much indebted, particularly after the bowels have been freely evacuated, and when there is no tendency to paralysis or congestion. Here the various preparations of ammonia, opium, and hyoscyamus, especially the former, are of the greatest service, it being always borne in mind that full doses should be given, so as to procure the sedative and not the stimulant effect of these medicines; and, when these medicines fail, the shower bath, or hot and cold bathing, will be found of great utility. I have known the former, in cases of great excitement, act as a sedative and procure sleep when all other means have failed; and, in cases where it, or the cold bath, or effusion, cannot be tried, a warm one will often have a very beneficial result.

The effect of bleeding, as a sedative or remedial agent, I have not had a fair opportunity of testing, though my impression is not favourable towards it; for the class of patients usually brought here, even in acute mania, are those who are generally suffering from debility, or in a state approximating that condition of body observable in delirium tremens, where bleeding is evidently injurious, and opiates and sedatives of the greatest advantage. I think, however, in plethoric and recent cases, when the powers of life are high, that



general bleeding might be employed to a certain extent with good effect; but, as a rule in almost all cases, leeches and cupping are to be preferred. From the same reason, I have found it absolutely necessary to support the system in most instances, especially in cases of acute mania, with nourishing diet, beef-tea, wine, and often even ammonia, in order that the flagging powers of vitality might be kept up under the intense exhaustion frequently produced by the excited state of the system.

Counter-irritation is another important auxiliary, and blisters, sinapisms, &c., have been often attended with the most beneficial results.

In all cases of mania, whether acute or chronic, it is necessary to take great care of the general health, to examine carefully if the patient be suffering from any constitutional disease, or implication of any specific organ.

In females, it is very essential to have regard to the uterine system, and, in both sexes, carefully to ascertain if there be suppression of any accustomed discharge, and if so, to endeavor by all the means in one's power to reproduce it.

In chronic mania, the main treatment depends upon strict attention to the points above enumerated, with the addition of employment and exercise.

*Practice pursued at the Nottingham County Asylum, as described by Dr. Powell.*

Seclusion, subdued light, cold to the head, warm baths, mild aperients, opiates, generous easily-digested diet, temperature about fifty-eight to sixty.

In relaxed and feeble habits, direct and diffusible stimulants, such as ether, camphor, musk, opium, wine, &c., and porter.

*Practice pursued at York Lunatic Hospital, as described by Mr. Metcalf.*

In the acute form, shaving the head, leeches to the temples, cold water or evaporating lotions to the scalp, active purgation, full doses of potassio-tart. satias., strict antiphlogistic diet, seclusion in a dark room. When the active excitement is subdued, or when these means have been employed during several days, opiates in full doses have often a good effect. If not speedily advantageous, they are discontinued.

Exercise in the open air, where the patient is in a proper condition.

*Practice pursued at Grove Hall, Bow, as described by  
Dr. Palmer.*

*The first Indication.*—To allay undue cerebral irritability and induce sleep.\*

*Moral Agents.*—The moral agents which have been found most useful are, classification, useful employment, amusement, limiting the number of external impressions in general mania, and extending and varying them in partial mania.

In recent cases of general mania, and in chronic cases when in a progressive state, the stimulus of ordinary sensorial impressions increases the irritability of the intellectual centre when conveyed to it for perception, and, instead of faithful pictures, distortions only result. To lessen the number of these impressions is, therefore, obviously important. When all the special senses are accompanied with false perceptions, as in most cases of violent general mania, absolute seclusion only can fulfil this end, and must be continued as long as violent symptoms remain. Any attempt to allow this cerebral irritability to exhaust itself under a free play of sensorial stimulus, has with me been decidedly unsuccessful, and has led only to physical debility, without at all modifying the mental excitement. When the violence is much lessened, the seclusion is discontinued, and every effort made to direct the attention of the patient to such perceptions as are healthy, by conversation, useful employment, amusement, &c. Many patients in this state have much improved, from my repeatedly explaining to them the necessity of exerting whatever amount of self-control they possessed, however small. The habitual use of every faculty, as it is found returning to healthy manifestations, is one of the most important parts of the moral treatment. The depressing emotion of fear, although it does not tranquillize, is only temporary in its action, and is worse than useless as a moral agent, because it is destructive to that confidence which it is necessary the patient should repose in those who have the charge of him, and without which no moral agent can be made of value. Even seclusion, when otherwise indicated, is sometimes unproductive of benefit, when the patient is alarmed at being left alone.

*Therapeutical Agents.*—The strictly medical treatment of the various diseases associated with insanity, or acting as predisposing or exciting causes, is precisely the same as though this connection

\* Dr. Palmer has prefixed to the following account of the practice pursued by him in the Asylum at Bow, an Essay on the Pathology of Insanity, which, though it would be well suited to a medical work on that disease, is not adapted to the present occasion.

did not exist, save that, as a general rule, the insane are not found to bear antiphlogistic measures as well as others; it is, therefore, unnecessary to report on the treatment of these concurrent maladies. The first indication, only, seems to include what may be considered as the special treatment of insanity. Sleep, the natural soother of the irritable brain, and the restorer of its exhausted energies, is of the first importance in every case, and remedies to induce it should be employed simultaneously with those that are directed to the removal of any co-existing disease.

When the cerebral disorder is active or progressing, that is, when erythema of the cerebral matter exists, either alone or in combination with structured lesion, the use of sedatives, anodynes, and narcotics, has, with but few exceptions, been found of much service, and in many successful cases formed the only medicinal agents employed. Their selection, dose, and frequency of exhibition, must depend on the state of the vascular system, the increased or diminished sensibility of the pupils, &c.

In the most violent forms of recent mania, with full and increased arterial action, heat of scalp, &c., much benefit has been repeatedly derived, after evacuating the bowels, from one-drachm doses of tincture of lobelia, with a grain of tartar emetic, and ten or fifteen grains of nitre, repeated every four hours, tranquillity and sleep scarcely wanting after the seventh or eighth dose, and often occur after the fourth or fifth. The tendency to reaction being subdued by their less frequent administration, or by being given in smaller doses.

In recent cases, when the pulse is not full but frequent, the scalp heated, the pupils contracted, and general febrile excitement present, I use as the habit of employing similar doses of the tincture of lobelia, with acetate of ammoniac, nitrous ether, and camphor mixture, every four hours, until sleep is procured, or the pulse much reduced in frequency; at the same time regulating the bowels with castor oil, or saline aperients, and correcting the secretions by small doses of mercury with chalk.

In the more advanced stage of the acute paroxysm, when the secretions are vitiated, and there is a tendency to exhaustion from the constant sleeplessness and interrupted assimilation and irritation, much benefit has resulted from a mixture of ammoniac, sulphuric ether, and camphor mixture, taken every four hours; and five grains of mercury with chalk, and one-third, one-half, or two-thirds of a grain of morphia (hydrochlorate), every eight, with an appropriate dose of castor oil every morning, or every other morning, as required. In all these cases a large quantity of unhealthy excrements are dislodged from the intestines. In all of them too



the scalp is shaved, cold lotions kept on the head, if the patient will allow it, and leeches to the temples or behind the ears.

When there is no febrile excitement, the pupils not permanently nor unequally contracted, no indication of paralysis present, and the mania more of the character of wild nervous delirium, the preparations of opium or morphia have been found the best sedatives, and are given in moderate doses relatively to the amount of excitement, every six or eight hours until sleep is induced.

When the mania is of an emotional or hysterical character, cold effusions to the head and shoulders, the infusion or tincture of valerian, fetid spirits of ammonia, sulphuric ether, and morphia, tincture of opium, or of hyoscyne, according to the state of the circulation, are beneficial.

If the paroxysm arise from epileptic irritation, a purgative of castor oil, with spirit of turpentine, of croton oil, of jalap and calomel, or of calomel with the common black draught, is given; and after its operation a sedative draught, containing from five to eight drops of the tincture of acetate or of prussic acid, which is repeated in six or eight hours if necessary. In one case of epileptic mania at present in the Asylum, the patient is the subject of tapeworm, and the full development of the paroxysm is frequently prevented by a dose of castor oil and spirit of turpentine, followed by the acetate draught.

The paroxysms of recurrent mania are treated in the same manner as if the disease were only of recent occurrence; and as we have the advantage of seeing them from their commencement, and sometimes of clearly ascertaining the causes, they are, as a general rule, more readily relieved than primary attacks. One of our female patients has frequent recurrence of mania of a noisy and violent character, which is always relieved in with a blisk of gait on the hand or foot; colchicum, with an alkaline carbonate and an occasional opiate, occasionally relieve her promptly, both of gait and mania, and often when given just as the maniacal symptoms commence, prevent the development of the paroxysm altogether. Numerous other cases of a similar kind have come under my notice, as recurrent mania with cardiac disease, cut short by digitalis and opium; morbid and religious monomania, with torpid liver, congested colon, &c., removed by cathartic purgatives, &c.

As soon as the violent symptoms have abated, every attention is paid to the restoration and maintenance of the general health; the secretions are all kept in the proper order, and nightly sleep ensured by air, exercise, diet, and the use of sedatives or narcotics at bed time only. The tincture of hyoscyne in doses of two drachms is preferred when there is any increased arterial action remaining,

and the preparation of opium or morphia, when the restlessness is more of a nervous character, and unaccompanied with quickened circulation; either of them being combined with antispasmodics, aneminals, antinauseals, or sedatives, according to the state of the functions of the skin, abdominal viscera, &c. During the day these remedies are *moderately* employed to remove predisposing and concurring circumstances of the disease. The state of the digestive organs, and of the whole of the excreting functions are carefully observed and promoted when scanty or suppressed, or restrained when so excessive as to debilitate. The return to mental tranquillity is usually attended with some degree of bodily relaxation, resulting from previous excitement, want of sleep, and imperfect nutrition. No period of the convalescence requires the exercise of sound and judicious treatment so much as this; every word, look, and gesture directed to the patient is of importance, and works either for good or ill. If the debility be only slight, I have found it better to trust to mild nutritious diet and exercise in the open air for invigorating the nervous energies, and to avoid the use of tonic and stimulant medicines; but if the organic nervous powers be much depressed, or the blood be in an impoverished state, means must be employed to rouse the one and improve the other. The vegetable bitters, with stimulants and restoratives, preparations of iron, of zinc, quinine, &c., are all found useful, and may be combined with alteratives and aperients. When there is much loss of appetite with depression of organic power, the tincture of Indian hemp, with ammonia, and the decoction of cinchona bark, has often been found very serviceable, and is always worthy of trial in cases of refusal of food, where there is no obvious disturbance of the secretions.

In the chronic stages of mania special therapeutical treatment has only been found of use when any increased excitement or alteration of character indicates an advance of the exthrem; it then is met with the same remedies as if unconnected with organic lesion. The predisposing causes must be removed, whether of a physical or moral nature, and sleep be induced in the manner already noticed.

In the dementia, sometimes following immediately on the acute stage of mania, there is found much depression of organic nervous energy; the skin is cold and clammy, excepting only the scalp, which is sometimes heated; the legs and feet cold, with tendency to oedema or gangrene; the pulse small and frequent; the bowels, for the most part, constipated, but occasionally relaxed; the appetite much impaired; the evacuations passed involuntarily, and all the mental manifestations clouded in obscurity. Several cases of this

kind have recovered in periods varying from six weeks to three months, under the use of the sulphate of iron, with the sulphate of quinine, taken three daily, or small doses of the iodide of iron, or decoction of cinchona, with ammonia, sulphuric ether, and tincture of valerian, or decoction of cinchona, with bichloride of mercury, the abdominal secretions being duly regulated, and the extremities and surface generally kept warm.

Many cases of mania and megalomania seem to have, as their only predisposing cause, an impoverished condition of the blood, or a diminution of its volume; the mental symptoms approaching delirium tremens in character. In these the tincture of opium, with ammonia and sulphuric ether, forms a valuable sedative for the restless excitement, and permanent benefit will be derived from almost any of the preparations of iron; the secretions being all kept in a healthy state, and the diet, comprising both animal and farinaceous food, with a daily allowance of porter or ale.

*Employment of particular remedies.*—Bloodletting in the form of leeches or cupping, is frequently had recourse to with benefit, in cases of either general or partial mania. When heat of scalp or determination of blood to the head continue, after the employment of purgatives, &c., the majority of recent cases require this remedy. General bleeding is but rarely required, and has only been practised in cases of general plethora, accompanied with hemiplegia or epilepsy, or threatening apoplexy or paralysis.

Emetics have been found useful in some hypochondriacal and melancholic cases, associated with intestinal torpor, morbid biliary secretions, or large viscid collections in the stomach, but are never employed when there is plethora or determination to the head. In maniacal cases, when the abdominal viscera are performing their functions healthily, I believe they are useless.

Purgatives, judiciously selected, are among the most frequently accessory means in the treatment of insanity. Their employment is only contraindicated in untimely or inflammatory condition of the primæ viæ. The dislodgement of vitiated and putrid secretions from the intestinal canal in the early and acute stage of the disease, is mostly followed by some marked remission in the mental symptoms. Castor oil alone, or with spirits of turpentine and croton oil, have been found the most efficacious purgatives, and are preceded by calomel or gray powder, until the appearance of the evacuations is improved. Rastarb of castor oil and spirits of turpentine are also employed, when these do not act promptly and efficiently. When it is desirable to keep up an action of the bowels, as in cases attended with much vascular excitement, the common black draught, with tartar emetic, is given in frequent



doses. The milder purgatives are found most beneficial in the chronic forms of insanity, and are combined with aromatics, tonics, anodynes, emmenagogues, alteratives, &c., according to the necessities of each individual case.

Antimonials are found generally serviceable as auxiliaries to other sedatives in subduing the vascular fulness and activity in the early stage of violent mania. Their mode of exhibition has already been noticed.

Anodynes, narcotics, and sedatives, I consider as the special remedial agents of insanity, inducing sleep, the want of which increases both the exhaustion and cerebral irritability. I consequently use them with confidence in all cases of recent or progressing insanity, and give them for the most part at night only in full doses, as long as restlessness and vigilance continue. In the early stages of the disease they are given in moderate doses, frequently repeated so as to maintain a continued effect.

Antispasmodics, in cases attended with hysteria, or hysterical epilepsy, have been used advantageously, but seem of no importance in cases not thus complicated.

Tonics, in the collapse immediately following acute mania, in acute dementia, and in the anæmic state of the blood, accompanying many cases of chronic mania, are important remedies. The decoction of cinchona, quinine, infusion of quassia, gentian, and calumba, the preparations of iron, of zinc, &c., are all generally used with unquestionable advantage.

Stimulants are valuable whenever exhaustion threatens. Wine, porter, ale, the preparations of ammonia, and sulphuric ether, are those most frequently employed; the latter has been observed to have a very beneficial effect in calming the cerebral irritability.

Of the cold bath my experience has not been extended enough to enable me to report, but my impressions are unfavourable to it on account of the excitement (mental) caused by the immersion, and the reaction which follows it. I have, however, long used the shower bath, or affusion to the head and shoulders, in cases of hysterical mania, and in other cases where there is much heat of scalp, and have found both beneficial.

The warm bath is valuable in the majority of recent cases; and when the head can be kept under the influence of cold affusion, or evaporating lotions while the patient is immersed, the happiest results will often follow.

*Practice pursued at Madinet (or Haswell) County Asylum, as described by Dr. Casally.*

A kind and soothing reception, immediate removal of restraints, a warm bath, clean clothing, comfortable food, encouraging words, a medical treatment first directed to any manifest bodily disease which may occasion the cerebral disturbance, as of the uterus, stomach, &c., or the general loss of strength; and if such disease or debility is not manifest, attempts to allay the irritation of the brain more directly—by leeches occasionally applied to the head; gentle aperients, moderate doses of tartarized antimony, sometimes combined with sedatives; cold applications to the head, blisters behind the neck, shaving the head and friction of the scalp, with the tartarized antimony, the warm bath, or in violent cases, a cold shower bath, efficiently applied. Tranquillity, occasional exercise in the open air, exercise and occupation in chronic cases, cleanliness, order, good diet, attention to relieve heat and thirst, particularly in the night; a careful avoidance of every thing that can irritate the brain, including the avoidance of the strait-waistcoat, &c. &c. Antimony and all sedatives are of uncertain effect, and sometimes of none: time seeming alone to effect a cure, provided proper and constant care be taken of the patient.

*General Remarks.*—It will be observed that I consider the direct treatment of any form of insanity, by safe medical applications, to be very limited; but the indirect treatment of mental maladies, by innumerable means acting on the body and mind, of immeasurable importance. These means can, I believe, seldom be efficiently applied, except in well-constructed and well-conducted Asylums, superintended by well-educated men, aided by by benevolent and active attendants. By such means I believe many insane persons to be capable of cure, and all, however incurable and hopeless, capable of improvement and relief.

I will merely add that I am convinced that general bloodletting is rarely admissible, and generally dangerous in insanity; and that local bleeding by leeches is safe and serviceable in most cases: I have no faith in emetics; I think purgatives are often needlessly employed. Antimony is often of temporary service; sedatives, although occasionally most efficacious, are also most uncertain in their effects. The acetate of morphia, the hyoscyanus, and the cannabis Indica, have appeared to me to be the most frequently useful. Tonics and stimulants are frequently of service, and every

form of bathing in different instances. I have ceased to employ the douche bath, as it occasions more distress to the patient than the shower bath, or than cold affusion, without corresponding benefit.

A liberal diet, moderate use of salt liquor, exercise out of doors, employment, recreation, mental occupation, friendly intercourse, and judicious religious attentions, are all important auxiliaries to curement.





## MELANCHOLIA.

*Remedies used in cases of Melancholia, by Dr. A. J. Sutherland,  
Physician of St. Luke's Hospital.*

Acute melancholia requires a treatment analogous to mania. In common melancholia, I have found pil. hydrarg., or pil. hyd. chlor. c., continued for three or four months in some cases, do much good; and, indeed, convalescence followed, where I was led to infer, that had the remedy not been used, no such result would have been the consequence. I think that, frequently, medical treatment is not continued long enough; it is too often abandoned in despair.

Besides mercury, taraxacum, and the nitric and arsenic acids are of great use. There is frequently sleeplessness and general restlessness, when morphia and hyoscyamus can be prescribed with advantage. Where there is constipation, with atony of muscular fibre, the most gent. c. scitis is a useful preparation; blisters and shower baths to rouse, and hot baths to soothe the patient, according to circumstances, are beneficial. There is often much *datus abdominalis*, and therefore easily digestible food should be given, a vegetable diet should be avoided; and a draught, with ammonia, some carminative, some bitter infusion, carlsbams and bechams, is what I often prescribe.

*Remedies used in Cases of Melancholia at the Kent County  
Lunatic Asylum, by Dr. Hurley.*

If the malady can be traced to any physical derangements, then we treat the particular derangements of which we may believe ourselves fortunate enough to have discovered the cause, by the accustomed means: if not, we adopt a general system of treatment, by tonic and stimulant means, addressed to the body generally, and calculated to relieve languor, quicken the circulation, and stimulate the universal sluggishness so often observable in these cases. Cold bathing, turpentine enemata, &c., have been occasionally beneficial.

*Remedies used in Cases of Melancholia at Warneford Hospital,  
by Dr. Wistler.*

In these, also, I have prescribed narcotics with much success, even in the most determined suicidal cases.

One melancholic, with strong propensity to suicide (having made two attempts), recovered under the use of liquor arsenicalis, given for a cutaneous affection.

In some apparently hopeless cases of dementia, coupled with or depending on masturbation, recovery took place under the persevering use of croton and the shower bath after every other form of tonic and stimulant had been given in vain.

*Remedies used in Cases of Melancholia at Fairfield Asylum, by  
Mr. Ilia.*

Some of these cases I have known to experience great relief, and in many instances cure, by attention to the digestive organs, by a mild yet generous diet, and by the use of sedatives; among the latter the narcotic of morphia, and a combination of the solution of quina with hyoscyamus, have been most successful. Air, exercise, the use of the warm and shower baths are here very beneficial. These patients are always much better at night, or rather in the evening. If unduly stimulated by ammonia, wine, or spirits, I have almost invariably found that the patient is rather roused into mania, than cured of melancholia.

*Remedies used in Cases of Melancholia at the Hall and East  
Hiding Asylum, by Mr. Cannon.*

Where the pulse is slow and laboured, with heat of head, I use rubbing at the nape of the neck, a small quantity of camomel, with opium, every night, followed in the morning by an aperient, exercise, warm baths, &c. When the pulse is feeble, small, and quick, tonics, with stimulants, warm baths, &c., plenty of out-door employment; blue pill, with a goodly quantity of some opiate at night. I have frequently found very much benefit to arise in this form of insanity from a few doses of croton oil given early in a morning.

*Remedies used in Cases of Melancholia at the Surrey County  
Asylum, by Mr. Holland.*

Purgatives, blisters, tonics, and shower baths, if any medical



means are adopted; but I rely much more upon the moral treatment, such as cheerful society, occupation, and amusements, and, of course, proper attention to the digestive organs.

*Remedies used in Cases of Melancholia at the Surrey County Asylum, by Sir Alexander Morison, M.D.*

Few recent cases of this description have been sent to this Asylum, owing to the cause stated in regard to recent cases of mania.

Laxatives, sedatives, tonics, warm baths, shower baths, and blisters, have been chiefly employed.

The most numerous cases are those of dementia, in a more or less advanced stage; the object in these has been to improve the general health. Warm baths, shower baths, and blisters, have been occasionally employed.

In all cases where practicable, recourse is had to occupation, useful or agreeable. As little restraint is employed as is deemed to be consistent with the safety of the patient and of others, and this is continued for as short time as possible.

*Remedies used in Cases of Melancholia at the Kent County Lunatic Asylum, by Mr. Payader (late Medical Superintendent).*

In the treatment of melancholia the same general principles hold (as in mania); but our attention should also be directed to the state of the digestive organs, the functions of which are often interrupted. Mild mercurials, together with tonics and aperients, are frequently useful. The warm bath is also serviceable in this form of the malady. I have never seen any material benefit derived from setons or issues; the pain and inconvenience they occasion are not compensated for by any adequate advantage.

*Remedies used in Cases of Melancholia at Oulton House, by Dr. Bakerell.*

I am not aware of any essential difference being necessary in this form of insanity. The bowels are usually sluggish, and require particularly attending to, but drastic purgatives should be avoided, and generally all remedies of an exhausting and irritating character. The warm bath seems calculated to be beneficial, although I cannot say that my experience would attach any particular and specific value to it. Out-door exercise, agreeable walks and drives, and cheerful society, are particularly desirable.

*Remedies used in Cases of Melancholia at Brook House, by  
Dr. Mason.*

Antispasmodics; camphor; tonics; quinine; steel; stimulants;  
relax; hot and cold bathing; blisters; generous diet.

*Remedies used in Cases of Melancholia at Cumberland County  
Asylum, Danston Lodge, by Mr. Watson.*

I think emetics to be one of our most valuable remedial agents;  
next to which I would rank free purgation, by means of blue pill and  
colocynth, warm baths, a generous diet, bitter infusions, with sul-  
phate of magnesia, &c. I have not found counter-irritation, by  
blister, ointments, &c., to produce any benefit.

*Remedies used in Cases of Melancholia in Suffolk Lunatic  
Asylum, by Dr. Kirkman.*

Anæmia, and the warm bath; the former very valuable, and in  
constant use. I have found the citrate of quinine, or iron (Bul-  
lock's) a very effective remedy. Cases have been attributed almost  
to its exhibition alone.

Lotions, with æther, very valuable applied to the temples.

*Remedies used in cases of Melancholia at the Dorset County  
Lunatic Asylum, by Dr. Bolton.*

Occasional exhibition of emetics; moderate local depletion by  
leeches, or cupping; mild aperient medicines; warm and shower  
baths; counter-irritants; mercurial alteratives; tonic remedies;  
preparations of iron, anæmia; infusion of gentian, calumba, cas-  
carilla, &c.; ale, wine, &c.; nourishing diet; air, exercise, employ-  
ment—remedies to restore the physical functions to a healthy state;  
attention to state of digestive organs; sedatives, morphia, hye-  
cyanate, camænegogue.

*Remedies used in Cases of Melancholia at Shillingthorpe House,  
by Dr. Willis.*

In the opposite state of this disorder, where apathy and a slow  
pulse, are the persistent symptoms, the torpor of the system is so  
excessive that the stomach can with difficulty be made to respond  
to an emetic, or the bowels to drastic purgatives, and, until these  
obstacles are overcome, no improvement can be expected. But

having overcome them I have prescribed, with very great success the volatile tincture of galium in the infusion of cascarrilla bark. The warm bath, exercise, and the flesh brush, with occasional emetics, purgatives and blisters.

By pursuing these plans I have seen the most unpromising cases recover, some of more than two years standing.

*Remedies used in Cases of Melancholia at Bethnal House, by  
Mr. Phillips.*

Hydrocyanic acid; purgatives; alteratives; creosote; trinitrate of benzoic; tonics; shower and warm baths; employment.

*Remarks.*—The dyspeptic symptoms and the depression consequent thereon are allowed to continue unattended to until the patient becomes nervous and apprehensive; at this period delusions of various kinds are observed, in which he is allowed to indulge until his reason becomes totally perverted. In the case of a person in a respectable station in life, when he is considered not bad enough to be sent into an Asylum, he is kept to brood over his wretchedness until some overt act is committed, he is then sent into an Asylum a confirmed lunatic, with little or no hope of recovery.

The same observation might be applied to the pauper lunatic, his conduct being tranquil he is only supposed to be labouring under lowness of spirits.

*Remedies used at Hook Norton Asylum in Cases of Melancholia,  
by Mr. Mollam.*

My attention is directed in the first instance to the state of the digestive organs. I frequently give one or more purgative doses of calomel. If there has been much vigilance (and in cases of drunkards especially) I adopt the sedative plan of treatment; in some cases the creosote, with other tonics and the cold shower bath, with occupation and amusement.

*Remedies used in Cases of Melancholia at the Cornwall County  
Asylum, by Dr. Thomas.*

In melancholia unaccompanied by cerebral lesion, or congestion, tonics of citrate of iron, or those of a vegetable nature, as colocynth infusion (of gentian or cloves infusion), with aromatics; either occasionally.

When cerebral lesion is presumed to exist, local depletion, large



blisters to the vertex or nape, or seton in the nape; mild aperients; warm and shower baths.

In the former cases stimulants, in the latter non-stimulant, diet.

*Remedies used in Cases of Melancholia at the Salicy Asylum,  
by Dr. Oliver.*

To counteract the tendency to constipation, so common in melancholia, I generally employ some preparation of aloes, the compound decoction very frequently, pills of aloes with myrrh, aloes in combination with sulphate of iron, the compound galbanum pill with aloes; and sometimes, when the bowels are more obstinate, the compound extract of colocynth, with blue pill or colicel.

The shower bath I have found to be very beneficial, not merely when employed to subdue excitement, but in its gentler form, as a tonic in cases of anæsthesia.

*Remedies used in Cases of Melancholia at Harten House, by  
Dr. T. B. Bryan.*

Moderate depletion in one instance with good effect; blisters occasionally, though rarely; baths frequently, both warm and shower baths; aperients, chiefly the milder ones; mercury as an alterative; tonics, both mineral and vegetable; and the combination of tonics with aperients are very generally prescribed.

Bloodletting was practised in one instance with good result; blisters in one or two cases have appeared useful; the warm bath; shower bath; mercury, as an alterative; purgatives; aperients in combination with tonics, e. g. the sulphates of quinine and ipecacua with infusion of roses, the infusion of sumac or shadblow, with gentian and other bitters, have been very constantly prescribed with excellent results. Stimulants and antispasmodics, e. g. ether and ammonia either alone or with tonics, are much used.

*Remedies used in Cases of Melancholia at Hadrian Palace  
Asylum, by Mr. Smith.*

These cases are always complicated, with a sluggish even torpid liver; they generally yield to mercurial and alietic purgatives; with cheerful society and such other moral means of cure as by degrees succeed in breaking the chain of former thoughts and impressions, to which an improved state of bodily health contributes most powerfully.

*Remedies used in Cases of Melancholia at the Northampton General Lunatic Asylum, by Dr. Nesbitt.*

Hot bath; full doses of opium; diffusible stimulants, with benzene, camphor, and Hoffman's mixture.

*Remedies used in Cases of Melancholia at Benakum Lunatic Asylum, by Dr. Robinson.*

This appears to me to be essentially a disease of debility, accompanied by very great disorder in the quality of the blood; the occasional administration of emetics and purgatives seem beneficial by cleansing the alimentary canal, which is always in an inactive condition. But the main object of the treatment should be the invigoration of the system: 1, by a nutritious and liberal diet; 2, by the administration of wine, porter, and other stimulants; 3, by gentle and regular exercise in the open air; 4, by affording the patient as much amusement in the shape of cheerful society, change of scene, athletic and other games, &c. as is compatible with the arrangements of an Asylum.

*Remedies used in Cases of Melancholia at Whitmore House, by Mr. Beverly.*

We invariably study to remove, and, if possible, to remove such patients, neither suffering them to remain with those who are boisterous or excited, nor placing them in solitude, but choosing as their companions such only as might be likely to dissipate their gloom. Generous diet, kind and soothing treatment, open air exercise when practicable, and the use of such medicines as have a tendency to improve the general health; and when the delusion is manifest, such as despair of forgiveness of sins, &c. every attempt to alienate the mind from the subject is employed.

*Remedies used in Cases of Melancholia at the Abington Abbey Retreat, by Dr. T. O. Prichard.*

These cases I have most frequently found to occur in individuals pursuing sedentary occupations, as tailors and shoemakers principally, and amongst the labouring poor who have suffered from deficient food. I have treated them upon the general principle before detailed, resorting however to a more liberal use of mercury. In some cases shower bathing has been of marked service. I have usually found them to present such marked symptoms of damaged

functions of the digestive organs, as to have been surprised at the little attention commonly paid to circumstances so obvious to myself, so easy of treatment and repaying my efforts so satisfactorily.

I apprehend that the value of purgative medicines is not fully appreciated; that people are too readily satisfied that the bowels are unloaded, by being simply told they have been relieved, and rarely make themselves acquainted with the character of the evacuation by personal inspection.

*Remedies used in Cases of Melancholia at Leverstock House Asylum, by Dr. W. Froeh.*

Great attention paid to the digestive organs, purgatives, vegetable and mineral tonics, topical bleeding and occasional drains in cases of suppressed discharges; occasional restraint when accompanied by suicidal propensities.

*Remedies used in Cases of Melancholia at the Bristol Pauper Lunatic Asylum, by Dr. R. Davis.*

Strict attention is paid to the state of the bowels and to the general health. Antispasmodics—valerian, galbanum, muscatida, &c. and tonics—guttum, quinine, &c. receive a fair trial; in sleeplessness, strychnine, opium, belladonna, hops, &c. are tried.

*Remedies used in Cases of Melancholia at Green Place, by Mr. Simpson.*

Aperient medicines combined in most cases with mild narcotics, sedatives, morphia, belladonna, &c. where there is a restlessness and want of sleep, followed by various tonics and exercise in the open air; in cases of habitual restiveness, connected with this and other forms of insanity, great benefit has been derived from the use of injections. I believe that the reason, in many cases, why the bowels do not act is from the patient making no voluntary effort.

*Remedies used in Cases of Melancholia at West York County Asylum, by Dr. Cornell.*

Nutritious diet, employment or exercise, and recreation, in doors or out of doors.



When there is acute distress and excitement, treatment according to symptoms.

When debilitated, vegetable or metallic tonics.

*Remedies used in Cases of Melancholia at the Retreat Asylum, near York, by Dr. Thurnam.*

In the earlier stages, bleeding from the head by leeches or cupping, is often necessary. In most cases, mild alterative purgatives, with warm bathing or the use of the shower bath, a liberal diet and abundant exercise in the open air, are highly beneficial. The digestive functions are often impaired, and when this is the case, bitter infusions, with the alkaline carbonates, are prescribed with advantage. In other cases, where there is gastric pain or irritation, I have often seen benefit derived from the hydrocyanic acid, or the trinitrate of laurath. In young females, the uterine functions are often deranged or interfered with, and call for primary attention. In such cases, chalybeate preparations (particularly the tart. ferr. vesq. elixir,) are most important, the warm aloeotic aperients being at the same time prescribed. Melancholia is not unfrequently connected with a condition of general debility and exhaustion, and, in such cases, a tonic, cordial and supporting plan, is often beneficially followed. Loss of sleep is often a principal cause in the development of melancholia, and where this symptom exists, and in other cases, where the disorder does not yield to other remedies, I very frequently find the preparations of opium, morphia, hyoscyamus, productive of most beneficial results.

*Remedies used in Cases of Melancholia at the Newcastle-upon-Tyne Lunatic Asylum, by Dr. Mackintosh.*

Our chief remedial agents are, occupation and amusement, in which many melancholics are unwilling to engage.

On the part of the patient, faith in the remedies and medicines employed, and confidence in the physician and officers are powerful auxiliaries in the successful treatment of melancholia; tonics and stimulants have been found of advantage here in many cases of melancholia.

*Remedies used in Cases of Melancholia at the Lunatic Department of Haslar Hospital, by Dr. Anderson.*

Blistering by liquor vesicatorius; shower bath; warm bath.

*As Aperients.*—Calomel, colocynths, castor oil, senna, sulphate of magnesium.

*As Sedatives.*—Hyoscyamus, camphor, tinct. camph. indic.

*As Tonics.*—Quinine, colubus, and gentian.

*Remarks.*—In cases of melancholia the first indication is to restore the proper action of the bowels by laxatives and alteratives, and afterwards by the use of such tonics as quinine, colubus, and gentian; blisters to the nape of the neck, warm bathing, and the shower bath are serviceable, and restlessness is best relieved by a full dose of tincture of hyoscyamus at bed-time. In our case great benefit resulted from the use of tincture of camphor indica in small doses frequently repeated.

When there is any tendency to suicide, the patient by day remains under the eye of an attendant, and at night one sleeps by his bed-side.

*Remedies used in Cases of Melancholia, at Grove House Asylum, by Mr. Athol.*

To relieve the head from pain and fullness by leeches and blisters; to assist the digestive organs by aperients, alteratives, and tonics; sedatives and warm bathing to allay nervous excitement and to procure rest. The shower bath, friction of the skin, warm clothing, amusements and regular exercise, have also been found highly beneficial in this form of disease.

*Remedies used in Cases of Melancholia, at Fairweather Asylum, described by Mr. Gillett.*

Purgatives I find principally of service; warm bathing, when the patient does not strongly object to it; a good deal of exercise and occupation, both in working and amusements; if there are special bodily ailments the remedies calculated to relieve these are employed; but I have no specific for this or any other form of mental disease.

Large issues on the vertex I have found of much use.

*Remedies used in Melancholia, at Hereford Asylum, as described by Dr. Gillingham.*

My experience in this house leads me to the conclusion that warm tonic aperients, warm clothing, the use of the tepid bath, with generous diet and moderate exercise, but, above all, frequent or constant association with those of sane mind, are the best means to

obtain a cure; indeed the latter alone has been the apparent obvious cause of several cures under my care, when the patient has been mentally and corporeally employed at the same time, thus abstracting his mind from its own morbid feelings. I would remark, in conclusion, that although little can be done by medicine, yet a great deal can be effected by warm clothing, generous diet, with mental and bodily occupation as much as possible in consonance with the patient's previous habits and tastes.

*Remedies used in Cases of Melancholia, at Fiskerton Asylum, by  
Dr. W. C. Fench.*

The local and sometimes general abstraction of blood; blisters and sometimes scarfs to the nape of the neck; cold to the head; large doses of calomel internally; excitement to the surface; cold shower baths; generous, but unstimulating diet; air, exercise, and occupation.

*Remedies used in Cases of Melancholia, in the Royal Hospital of  
Bethlem, by Dr. Mace and Sir Alexander Morison, M. D.*

Tonics.

Stimulants.

Shower baths and warm baths.

Anodynes.

Generous diet.

*Remedies used in Cases of Melancholia, in the Dorset County  
Asylum, by Dr. Bucknill.*

I endeavour to appreciate and to treat the bodily condition wherever it is disordered. In young women with suppression of the menses, I order leeches to the vulva, hip baths, acetate aperients, and often chalybeates. In older women, at the critical period, an occasional blue pill, a small daily dose of decoct. of aloes, vegetable tonics, sometimes gallurum, or sesafoetida, or chalybeates. In various cases with dyspepsia, I have given bitter infusions with mineral acids or alkalis, or gr. ij. doses of iodide of potassium, with liq. potassæ or lime water. In some cases emetics have been very beneficial, and shower baths are good tonics, and safe in the summer months. When pain, sense of



burning, &c., is felt in the head. I have given blue pill to twitch the gums, and used counter-irritation to the scalp. When the skin is dry, warm bath with friction, or vapour baths are used. I have found the electro-galvanic apparatus beneficial in some cases, when used moderately so as not to produce fear or pain.

*Remedies used in Cases of Melancholia, at the Liverpool Lunatic Asylum, by Mr. Paddy.*

As in all other cases, derangement of the bodily functions are corrected as far as possible, those of the digestive organs most frequently requiring relief by tonics and aperients. Exercise in the open air, occupation, and the enjoyment of various recreations, dancing, music, &c. are in them especially encouraged. The warm bath weekly.

*Remedies used in Cases of Melancholia, by Mr. Harris, at Springfield House.*

In melancholia I have observed several causes; mostly it has arisen from a disordered state of the liver, either a defective or a vicious state of the secretion of bile; in other cases the large bowels have been loaded with feces.

*Remedies used in Cases of Melancholia, at the Retreat, Clephow, by Mr. Bush.*

Strict attention to the general health; light generous diet; exercise in the air; every endeavour to amuse and withdraw the patient from himself; system of regularity in all things connected with him; uniform kindness; attention to all his wants; and, above all, that degree of respect shown him by his attendants which befits his station in life.

*Remedies used in Cases of Melancholia, at Brighthelm House, by Drs. P. and C. Fox.*

In melancholia which has succeeded to an attack of mania we have so often found that the disorder has again reverted to the maniacal form, that we generally confine the medical treatment to moderate evacuations of the patients' bowels, with regulation of the diet, and we encourage that increased inclination to quiet and to sleep, which

such cases usually exhibit. Melancholia, as an idiopathic disease, is the only form of insanity in which general bleeding has appeared to us to be useful: in such cases we often open the vein *splena*, prescribe warm and aloetic purgatives, counter-irritation to the region of the stomach, warm bathing, carriage and horse exercise, and animal diet.

*Remedies used in Cases of Melancholia, at St. Thomas's Hospital,  
by Drs. Miller and Shapter.*

Melancholia is treated by sustained mild alternative doses of purgative medicines, care always being taken that they be never urged to anything like a breaking down of the constitution. Antacid salines combined with nervous medicines, alkalis combined with warm stomachics, occasional sedatives, and, where no disinclination (which is, however, often the case) exists, a generally liberal diet.

*Remedies used in Cases of Melancholia at Leicester County  
Asylum, by Mr. Procter.*

Association with others of a different temperament, lively conversation, books, cards, dancing, out-door employment whenever practicable; more particularly the administration of blue pill and colocyath, wine, bark, the diffusible stimuli; a nutritious as well as a liberal diet, and careful attention to the functions of the liver, have been attended with most satisfactory results.

*Remarks.*—In melancholia, mere change of scene and different association will often effect a beneficial change, but in most of these cases the functions of the liver are seriously deranged, and by strict attention to their proper action, with all other things corresponding, great relief is afforded; active exercise out of doors, books, cards, cheerful conversation, but more especially association with others of a livelier temperament, are means calculated to do much good, and have been very successfully employed in this Asylum; much, however, depends on the age of the patient and the duration of the disease; in many cases the administration of bark has been attended with much benefit, the patients rapidly recovering in health and spirits; its exhibition, however, should be carefully attended to, and, indeed, the treatment of the insane requires the most careful adaptation to each particular case, no general plan of treatment being available.

*Remedies used in Cases of Melancholia, at Lancaster County Asylum, by Mr. Gaskell.*

Purgatives, blisters, good diet, with stimuli and moral excitants; frequent exercise, especially in the country, beyond the walls of the institution.

*Remedies used in Cases of Melancholia, at the Military Lunatic Asylum, by Dr. Sillery.*

Emetics and the warm baths with free purgation are, in event cases, the remedies most to be relied on. In more chronic cases, a stimulating diet, and attention to the general health, are the only measures adopted.

*Remedies used in Cases of Melancholia, at Stafford County Asylum, by Mr. Lewis Walker.*

This state is generally found to be connected with a low condition of health and a depressed state of the vital powers, independent of direct symptoms of cerebral disorder, and the medical treatment followed in this Asylum is chiefly directed to restore the functions of any organ which may seem to be impaired, and to invigorate the patient's general health. The frequent association of melancholia with various forms of dyspepsia and disorders of the assimilative organs, is not overlooked; neither are the defective quality and quantity of the urine, and the changes which so often take place in its chemical composition.

The employment of purgatives is rarely to be dispensed with, and these are often required in large and repeated doses to obviate the tendency to constipation which usually exists. The various combinations of tonics and stimulants with purgatives, are here extensively used, as the bitter infusions with sulphate of magnesia, and compound spirits of ammonia, aloes, quinine, and iron, in the form of pill, with sulphate of iron; alterative doses of calomel, or blue pill are also given when the functions of the liver is disordered. When there is headache and symptoms of fulness in the head, the application of leeches is of service, and much benefit is often derived, in cases of melancholia, from the regular use of the shower bath, whenever there is no obvious reason for not employing it.



Sedatives and narcotics, in various forms, are used in this Asylum with great benefit, the restlessness of the patient being subdued by them, and the nervous system tranquillized. The preparations of opium (especially Battley's Sedative Solution), morphia, Indian hemp, hyoscyamus, conium, camphor, lactucarium, in different combinations, are given with the best effect. The diet, in cases of melancholia, requires regulating in reference to the state of the digestive organs, but should always be nutritious, and, in many cases, may be advantageously combined with stimulants.

*Remedies used in Cases of Melancholia at Probbins House Asylum,  
by Mr. Hill.*

If there be much heat of scalp, or pains referred to the head, leeches to the temples or behind the ears, followed by a blister to the nape of the neck, the warm bath, warm purgatives, occasionally combined with mercurials, the compound decoction of aloes, turpentine enemata, afterwards tincture. In want of sleep, hyoscyamus in full doses. If the cutaneous be suppressed, leeches near the sides, mustard hip baths, drastic purgatives, combined according to circumstances, with the preparations of iron.

*Remedies used in Cases of Melancholia at Condercull House, by  
Mr. Paul.*

In this class of mental disease, we often find the digestive organs at fault, and frequent derangement of the liver, though this is not always the case.

Here we pursue with success an alterative plan of treatment—small doses of blue pill and rhubarb, and keep the bowels unloaded by means of saline aperients.

In this malady, exercise in the open air and employment are invaluable, in order that the mind of the patient may, if possible, be kept from gloomy impressions.

In cases, however, where there are paroxysms of great depression of spirits and mental suffering, a full dose of morphia will often act as a charm, soothe the patient, promote sleep, and he will wake up greatly refreshed and relieved.

In most cases of melancholia that have been brought to our notice in this Asylum, we have considered the brain to be primarily affected.

*Remedies in Cases of Melancholia at the Nottingham County  
Asylum, by Dr. Powell.*

Air, exercise, tonics, active occupation, cheerful and varied amusements, shower baths, alteratives, mild aperients, opiates, general stimulants. Indian hemp, when procured genuine, is a most important and valuable medicine.

*Remedies used in Cases of Melancholia at the York Lunatic  
Hospital, by Mr. Metcalfe.*

Purgatives and alteratives occasionally; compound decoction of aloes; pil. hydrag.; compound colocynth pill; generous diet, with milk liquor or wine. Tonics of a warm or stimulating kind are useful.

*Remedies used in Cases of Melancholia at Grove Hall, Bow, by  
Dr. Palmer.*

In melancholia and other forms of partial mania, it is probable that some portion only (and that circumscribed) of the cortical matter is diseased, and, from its undue irritability, not only distorts the impressions conveyed to it for perception, but enchains the whole powers of attention to them, so that impressions falling on other parts, are wholly unobserved or but feebly noticed. In such cases, the conversation, and everything with which the patient is surrounded, his occupation, amusement, &c., must tend to call into activity other emotions and trains of thought than such as are morbidly excited, so as, by constant repetition, to withdraw the attention from the faulty part, and calm its irritability. The beneficial effects of this moral management is too familiar in dyspeptic hypochondriacs, to need more than the bare allusion to it. To effect it, the external impressions must be both varied and increased in number. Whatever moderately interests and occupies the mind, if it at the same time withdraws the attention from the object of its illusion, is highly serviceable. In selecting the modes of exercise and occupation in individual cases, much must depend on the patient's previous and existing tastes and habits; but such as are attended with moderate physical and mental excitement, and which require, or at least can be performed in the open air, are greatly to be preferred.

Melancholia being, in fact, only a form of mania, and equally depending on irritability, exaltation, or organic lesion of some portion

of the cortical matter of the brain, is treated on the same general principles as mania. The predisposing causes are removed when possible, and the restlessness combated with sedatives. Air, exercise, and useful employment, with the management of the mood already spoken of, form the most important parts of the moral treatment.

*Remedies used in Cases of Melancholia, at Mühlheim (or Hounell)  
Anglia, by Dr. Conolly.*

The attention is first directed to any manifest bodily disorder, or to existing debility or plethora; often with the effect of curing the patient. Leeches behind the ears or to the forehead; blisters behind the neck; small and sometimes large doses of sedatives, give relief in some cases. The warm bath is soothing; and, in some instances, the shower bath has great effect. Occupation of mind and body, cheerful and encouraging conversation, and the absence of all restraints or apparatus calculated to alarm the patient, are of great importance; direct attempts to stimulate the faculties, by various impressions, by frequent change of scene, or by wine or spirituous liquors, are seldom successful, and sometimes very hurtful. Tonics are, in some cases, serviceable, as calumba, cascarella, or preparations of iron. When plethora is manifestly present, daily saline purgatives are generally useful.





## EPILEPSY.

*Remedies used in Cases of Epilepsy, by Dr. A. J. Sutherland.*

A distinction should be drawn between cases where the epilepsy has preceded, and those where it has followed, insanity. Esquirol says that insanity, complicated with epilepsy, is incurable. If the insanity follow the epilepsy, it is not so, according to my experience. In these cases I have found setons, the bichloride of mercury, nitrate of silver, sulphate of zinc, citrate and other salts of iron, accompanied with aperients, of great use. Sometimes brisk purging is of great service. It is of very great importance to attend to the diet of these patients. A Practitioner in Amsterdam, famous for his treatment of epilepsy, would never allow his patients to touch fish. Whether this be good advice or not I cannot say, but it draws our attention specially to the diet. Strict attention, likewise, should be paid to the clothing; the body and extremities should be kept warm. If the symptoms cannot be cured, they may be relieved, and it is possible to keep off the fit for a longer period than usual. The paroxysms in these patients is more violent than in any other form of insanity, and I have found it relieved more speedily by the potassio-tartrate of mercury than by any other medicine. Opium, according to my experience, do harm; and emetics and v. s. should be avoided.

*Remedies used in Cases of Epilepsy at the Kent Lunatic Asylum, by Dr. Hurley.*

Almost nil. In some cases, guided by the physical signs, more or less of the above treatment for acute mania.

Has no experience of the value of the nitrate of silver as a remedy for epilepsy.

*Remedies used in Cases of Epilepsy at Worcester Hospital, by Dr. Winstie.*

I have had only one recovery. A mild and unirritating diet, &c.

likely to ferment, and attention to secretions and excretions. During the paroxysms, evaporating lotions to the head, and heat to the lower extremities.

*Remedies used in Fairford Asylum in Cases of Epilepsy, by Mr. Ho.*

No medicines appear to have a continuous influence over this affection. The use of turpentine has sometimes appeared beneficial, but, speaking generally, little more can be done than to relieve congestion by occasional purgatives, to moderate the quantity of food, and to guard against suffocation during sleep, by the use of sloping "writing-desk" pillows.

To keep the head moderately cool, the feet warm, and to avoid all causes of vexation and anger, by surrounding the patient with kind attendants, and ministering to his personal comfort in every possible way. In very severe or sudden cases, we have the bed spread out on the floor, and the room partially padded.

*Remedies used in Cases of Epilepsy at the Hall and East Riding Asylum, by Mr. Coates.*

I have not had much experience, most of the epileptics who have entered this Asylum having been attacked many years with epilepsy prior to their insanity showing itself and their admission here, and in such cases I have seen little good effect from any tried remedies. I have used cupping, turpentine, alteratives of various sorts, sulphate of zinc, drastic purgatives, incised the scalp down to the cranium, &c. &c., but I have never seen a chronic case of epilepsy connected with insanity recover. I may here remark that I have observed much good from the latter mode of treatment here mentioned, in cases of stroke produced by a blow upon the head, viz., an incision down to the bone, two inches long, and through any clotting there may be, and kept open by pins.

*Remedies used in Cases of Epilepsy at the Surrey County Asylum, by Mr. Holland.*

In the majority of cases, attention to the bowels, safe occupation or amusement in those capable of such; tonics when required, and to some few, shower baths.

When under rational excitement, purgatives, opiates, and sedatives.

In the imbecile and idiotic, watchfulness and care on the part of



the attendants towards the patients, with regard to their personal safety and the state of their bowels.

*Remedies used in Cases of Epilepsy, at the Surrey County Lunatic Asylum, by Sir A. Merriman, M.D.*

Many cases of this description have been admitted. In them attention is given to the general health by remedies tending to improve the state of the digestive organs.

Leeches, in some cases to the head, have been of service, also rubefacients, counter-irritants, and blisters, and lactate of antimony, externally applied.

Preparations of silver and turpentine have been given internally, but with little good effect.

Organic mischief, to a greater or less extent, have been found in the brain in all the cases of epilepsy connected with insanity which have hitherto been examined in this Asylum.

*Remedies used in Cases of Epilepsy at Oulton House, by Dr. Baberell.*

I have seldom used any specific remedies, relying generally on a regulation of the general health by mild aperients and tonics, and this treatment has seldom failed, combined with moderate regular exercise, and a regular mode of living, to prolong considerably the intervals between the fits; and in some cases the improvement of the general health has been so great, and the fits so long deferred, that I have almost entertained hopes that the tendency to epileptic seizures was removed; ultimately, however, these hopes have proved delusive.

*Remedies used in Cases of Epilepsy at Suffolk Lunatic Asylum, by Dr. Kirkman.*

Purgatives chiefly relied on, croton oil particularly; occasionally counter-irritants; and, but very rarely, topical bleeding.

The mode of silver has been tried, but the difficulty of giving consecutive doses has been a bar to a fair trial of this, which might otherwise prove a valuable remedy.

*Remedies used in Cases of Epilepsy at the Dorset County Lunatic Asylum, by Dr. Barton.*

Local depletion, by cupping or leeches; cold to the shaven head;

oponents; alteratives; emmenagogues; counter-irritation by blisters, or tartarized antimony ointment. Remedies for the removal of any obvious bodily complaint. In cases of intestinal or uterine disorders; purgative cisterns; regulation of diet; air and exercise; nourishing nonstimulating diet.

*Remedies used in Cases of Epilepsy at Hook-Norton House, by  
Mr. Mollan.*

In young and adult subjects, I employ drastic purgatives, especially the *d. tartaricum*. Occasionally local depletion, scarification, or setons in the neck. In athletic cases, especially in females, I employ the mineral tonics during the intermissions. I deem it right to add that I have not found much success.

*Remedies used in Cases of Epilepsy at the Cornwall County  
Asylum, by Dr. Tyerman.*

Shaven head; blisters to the nape or vertex; occasional local depletion; antenotary (oice); rational purgatives, followed by either oil or sulphate of magnesium and soda; hot and shower baths occasionally, or during severe paroxysms, habitually; among nearly all the patients, twice or thrice a week at night, a creosotated floor, composed of tinct. nuxvomica; tinct. ferri et sulph. ss. ij. x.—xx.; liq. carbonate ij. (i.; aqua, ʒj. Stabulary being much relieved by this formula.

In many cases, mineral tonics.

*Remedies used in Cases of Epilepsy at the Salop County Asylum,  
by Dr. Oliver.*

I have never aimed at producing more than a mitigation of the patient's sufferings, and I know of no means so effectual for this purpose as the strictest possible attention to all matters of hygiene. A generally liberal allowance of food appears to be not less requisite for sustaining the energies of the system in cases of this nature, than in those which are exempt from this complication; and although it is always desirable, under these circumstances, to obviate the occurrence of a plethoric state of the system, I conceive that this object is more beneficially effected by labour, or active exercise out of doors, where the patient is capable of sustaining it, than by withholding any portion of the pabulum which is requisite for the maintenance of strength. I do not consider that a low regimen is likely to diminish either the frequency or force of the

paroxysm, even in cases where the convulsive disease is associated with hopeless fatuity, and where insensate coercion on that account is entirely out of the question. In the latter class of cases, a strict attention to the state of the alimentary canal becomes most important; but active purging, except where the fits are imminent, and the abdominal secretions are defective, would appear to be generally inadvisable in epilepsy. I have had recourse to bleeding from the jugular vein, and to cupping, as well as to the use of calomel and drastic remedies at the same time, where the coma supervening on an epileptic fit has been so urgent as to threaten the patient's life, and to leave no apparent alternative. With the view of increasing the general tone of the system, I have occasionally resorted to the use of mineral tonics, and in some instances I have thought the fits have thereby been rendered less frequent in their occurrence. In this way I have used the ammoniac sulphate of copper, the nitrate and the oxide of silver, various preparations of iron, and the solution of arseniate of potash. For the purpose of diminishing the tendency to cerebral congestion, I have sometimes applied a seton to the nape of the neck; but I have not generally witnessed such decided advantages from its employment as induces me to place much confidence in remedies of this kind.

When the means are provided as far as possible for the maintenance of the patient's mental and bodily comfort, and when nothing is neglected that can conduce to keep up what may allowably be termed his "condition," I believe that he will be less liable to the frequent recurrence of epileptic paroxysms than he would be if the case were otherwise. I may here observe, with reference to the diet of the insane, that if there are cases in which the habitual use of beer is objectionable, they belong to the class now under consideration. But even among these it is by no means an uncommon thing to find such a languid state of the circulation, and such a general depression of the organic energies as to render the occasional administration of a stimulant, not merely admissible but highly beneficial. In short, I conceive that it is impossible to lay down any universal rule for the administration or prohibition of either one remedy or another without injuriously interfering with the peculiar requirements of individual cases.

*Remedies used in cases of Epilepsy at Bethnal House, by  
Mr. Phillips.*

Ammoniac sulph. of copper.

Sulphate of copper.

Sesquicarbonate of ammonia.



Sulphate of zinc.

Oxide of zinc.

Sesqui-oxide of iron.

Nitrate of silver.

Counter-irritation in the shape of blisters, setons, moxas, cupping.

*Remarks.*—The remedies named, have in many instances prolonged the interval, but it has been observed that, on the recurrence of fits, they have been more violent in character, terminating in apoplexy. Repeated attacks will usually render the patient comatose; in this condition we have found stimulating injections, composed of gravel, salt, or turpentine, or salt and water, most beneficial: the convulsions cease, and the patient in a few hours becomes conscious.

The appetite is often morbid: the diet should be moderate and light.

*Remedies used in cases of Epilepsy at Huxton House, by  
Dr. T. B. Bryon.*

Moderate abstraction of blood either from the arm or by cupping.

Purgatives, usually of the mildest description.

Emetics, rarely used.

The mineral and vegetable tonics, chiefly zinc and quinine: strict attention to diet, both in quantity and quality.

The moderate abstraction of blood either from the arm or by cupping, has been found useful in plethoric subjects; purgatives and in some instances, emetics, have been found useful.

In general, strict attention to diet, which should be light but nutritious and moderate in quantity, with the occasional administration of mild aperients, appears to be attended with the most favorable results. The mineral and vegetable tonics have sometimes been prescribed with good effect, the best practice, however, appears to be to remove, as far as possible, all sources of gastric irritation.

*Remedies used in Cases of Epilepsy at Hadham Palace, by  
Mr. Smith.*

In all such cases I have found the occasional (but not frequent) use of the cupping-glasses indispensable; and mild aboetic purgatives, with perfect regularity of habits, and as much daily walking exercise as strength would permit, most beneficial, in preserving the equality of the circulating system and the concomitant good health. I have tried the sulphate of copper in doses of one-eighth of a grain twice a day without success.

*Remedies used in cases of Epilepsy in Northampton General  
Lanatic Asylum, by Dr. Nesbitt.*

Purgatives, as colocynth, jalap.

Antispasmodics, as valerian and ammonia, and the Indian hemp.

*Remedies used in cases of Epilepsy at Donham Asylum, by  
Dr. Robinson.*

The treatment of these cases is mostly palliative; the frequency and duration of the attack may often be diminished by administering active purgatives shortly before the expected paroxysm, by the avoidance of all sources of irritation moral and physical, by regular exercise in the open air, and in some cases, particularly in females, by the administration of tonic medicines, such as the preparations of cinchona and iron.

*Remedies used in cases of Epilepsy at Whitmore House, by  
Mr. Beverly.*

We are not aware of any other treatment than that usually adopted in cases of epilepsy without insanity. An increased watchfulness of the patient is called for, stimulants are more cautiously exhibited, and the bowels never suffered to constipate. Bleeding would always be the result of mature consideration, and unless a determination to the head were evident, topical bleeding with leeches, or the cupping-glasses, would be preferred; blisters have sometimes been used with advantage.

*Remedies used in cases of Epilepsy and Paralysis, at Abington  
Alley Retreat, by Dr. T. O. Prichard.*

In the treatment of these complicated cases I have nothing to add to the foregoing. I depend altogether on attending to the general health of the patient; I have had three or four cases of epilepsy under my care that recovered under a treatment designed to restore a healthy state of the digestive process, and regular and natural secretions.

In chronic cases of epilepsy such a system has proved beneficial in modifying the frequency and severity of the attacks. In these, as in cases of paralysis, I am most careful as regards diet, avoiding articles likely to run into an acrid state of fermentation, and inducing dyspepsia. I find in all cases and forms of affections of the brain, that the functions of the stomach are impaired and

that the presence of acrid undigested matter in it and the intestines seriously affects the brain in return. Cases of paralysis frequently terminate in epilepsy. When the fits come on in the latter, or are more than usually frequent in the epileptic, I invariably give large and frequent doses of soda, magnesia, and purgatives, but the regular exhibition of the aperient pills and tonic mixture before-mentioned usually prevents their occurrence. In the female cases, when hysteria comes on, as it sometimes does violently, I again find, on giving soda, that such acid matter existed in the stomach, flatulence in the bowels, and that relief speedily follows; after which I almost always have found that purgatives were required.

I have tried on a large scale every remedy proposed in works of various authors on epilepsy, on the classic cases that have come under my care, but in no one case successfully.

*Remedies used in Cases of Epilepsy, at Lancaster House, by  
Dr. W. Fisk.*

Purgatives, topical bleedings, emmas, setons and issues, mineral tonics, and sometimes, when dangerous to themselves, or others, temporary restraint.

*Remedies used in Cases of Epilepsy, at the Bristol Asylum,  
Lynatic Asylum, by Dr. R. Davis.*

During the paroxysm, attention is paid to prevent the patient injuring himself; by removing all pressure on the vessels, inserting soft wood or linen into the mouth and applying leeches, when the fits are long continued, and there is determination of blood to the head; administering terbiasthiate emulsion, applying sinapisms to the chest, calves of the legs, &c.; during the intervals, the exciting causes are sought for, and appropriate remedies used, as mercury, digitalis, spirits of turpentine, nitrate of silver, &c.

*Remedies used in Cases of Epilepsy, at Grace Place Asylum, by  
Mr. Simpson.*

Careful attention to the state of the bowels, and any organ that may be a source of irritation to the brain; in young plethoric patients, the occasional application of leeches and the use of opiate, with rather loose diet: old cases appear to do better with a generous diet.



*Remedies used in Cases of Epilepsy, at the West York Cossoty Asylum, by Dr. Carnall.*

In the paroxysm, the prevention of suffocation, or of physical injury, by attendance. Leeches, cupping, blisters, sinapism, mercurial inunction.

In the intervals, sulphate of zinc, nitrate of silver, strychnia, gentian, belladonna, valerian, mercurial inunction. Turpentine has been employed, but with no beneficial result.

*Remedies used in Cases of Epilepsy, at the Retreat Asylum, near York, by Dr. Tharson.*

The treatment I adopt is occasional bleeding by leeches, or cupping from the head; the use of mild aperients; regulated diet, for the most part without stimulants; attention to the general health, and to the removal of irritation or disease in distant organs, if such exist.

*Remedies used in Cases of Epilepsy, at the Newcastle-upon-Tyne Lunatic Asylum, by Dr. Mackintosh.*

There are usually lucid intervals, and the paroxysms are usually characterized by vicious propensities. In violent paroxysms the treatment for "mania" is adopted, and the epilepsy is attended to by occasional counter-irritation and local bleeding, the patient remaining in bed during the attack. The general health is attended to during the lucid interval. I have frequently found, when symptoms indicated an approaching attack, that a drastic purgative would ward off or mitigate the severity of the fits, and the violence of the mania. There is a very great variety of modified epilepsy in connection with insanity, which is treated according to the severity of the symptoms.

*Remedies used in Cases of Epilepsy, at the Lunatic department of Huxley Hospital, by Dr. Anderson.*

Topical bloodletting by leeches, blistering by liquor vesicatorius. Cold effusions.

Aperients, the same as in mania.

*Remarks.*—General bloodletting is to be condemned, but where there is great excitement or determination of blood to the head, topical bleeding, by leeches to the temples, blistering the nape of the neck by liquor vesicatorius and cold effusions, are useful as

measures of relief. As in many the milder cathartics with purgative enemata are sufficient, and as a sedative the friction of hyoscyamus with warm bathing, although the prospect of ultimate benefit is slight. As measures of precaution, such patients are never left alone during the day, and sleep in wards, never in cubits by themselves, so as in case of being seized with a fit during the night, an attendant may be on the spot, to render immediate assistance, and if necessary, to call a medical officer.

*Remedies used in Cases of Epilepsy, at Green House, Stoke Newington, by Mr. Athias.*

Where plethora exists, occasional application of leeches to the head; purgatives, as calomel, with the compound powder of jalap, have been advantageously employed. Moderate diet and exercise, with amusements, guarding against any sudden impulse or emotion of the mind.

*Remedies used in Cases of Epilepsy, at Finsbury House Asylum, by Mr. Gilbert.*

I know of no remedy of much service either in curing or warding off the attacks. My principal attention is directed to keep the bowels regular, general attention to the health, not allowing the habit to be too full; with moderate diet and the avoidance of excitement.

*Remedies used in Cases of Epilepsy, at the Hereford Asylum, by Dr. Gilliland.*

I have found much benefit from general attention to the bowels, and when the fits have been unusually frequent or severe, cupping from the neck, with a sharp purgative dose or two of calomel. I have tried several of the remedies usually resorted to in private practice, with a view to allay or stop the fits, but without any marked result. Upon the whole I think that little can be done beyond a rigid attention to the digestive organs, more particularly the bowels, so as to prevent what I believe proves a very frequent source of irritation and exciting cause of the epileptic paroxysm.

*Remedies used in Cases of Epilepsy, at Finsbury House Asylum,  
by Dr. W. C. Finch.*

Large doses of calomel, with aloetic purges, oxide of silver in grain doses three times a day, sesqui-oxide of iron in full doses, setons in the neck; cold shower baths; generally speaking, a full diet; malt liquor and wine. Exciting the skin by vesicatorial exercises, warm ablutions by means of the flesh brush, and rough towels.

*Remedies used in Cases of Epilepsy, at Deacon County Asylum,  
by Dr. Bachwell.*

The patients are placed on a wholesome and nutritious diet and regimen. Indigestion is treated by tonics and other appropriate remedies; costiveness is removed by small daily doses of castor-oil pills; defect of sleep, of aloes; castor oil, or house medicine: when the fits are severe  $\mathfrak{ss}$ . of  $\mathfrak{ss}$ . of turpentine, with  $\mathfrak{m}$ . of liq. of potash, every four hours: stupors to the legs and feet, and three or four ounces of blood from the neck by cupping.

Turpentine undoubtedly diminishes the strength and frequency of the fits, and I have only seen it once produce bloody urine. In young patients the frequent application of diluted castor oil to the scalp, and the long-continued use of mercurial alteratives (hyd. chlorid. is preferred) have apparently effected cures.

*Remedies used in Cases of Epilepsy, at the Liverpool Lunatic  
Asylum, by Mr. Paddy.*

The general treatment, similar to that mentioned under the head of chronic mania.

When there are indications of an approaching fit, with signs also of vascular fulness about the head;

Cold applications or the shower bath.

Reduced diet.

Purgatives (pud. jalap co. has answered well).

Sometimes seclusion for a time.

*Remedies used in Cases of Epilepsy, at Bridlington House, by  
Drs. F. and C. Fox.*

If such cases are of recent date, we have sometimes seen good results from the use of nitrate of silver, with small doses of tur-



putine; an incision on the scalp, leeches on the perineum, the tepid shower bath, much friction of the skin, as much pedestrian exercise as the patient can accomplish, and a restricted vegetable diet, have often been useful. By paying close attention to the periodical tendency which this disease so frequently displays, and by meeting the gradual increase of nervous irritability by a small local bleeding and a moderate anodyne, we have sometimes succeeded in prolonging the intervals between the attacks, and on some occasions in effecting a cure.

*Remedies used in Cases of Epilepsy and Paralysis, at St. Thomas's Hospital, by Drs. Miller and Shapter.*

Epileptic cases are not deemed admissible to this hospital, so that the only cases which come under observation, are those supervening on previous attacks of mania or dementia. Experience has shown that these cases require much fostering care, in ample diet, warm clothing, &c.

*Remedies used in Cases of Epilepsy at the Leicester County Lunatic Asylum, by Mr. Procter.*

In recent cases, where there is much congestion, leeches and counter-irritants, turpentine injections, strict attention to the state of the alimentary canal, warm clothing, a spare but nutritious diet, with exercise in the open air, and out-door employment, whenever the weather is suitable.

In old cases, a much more liberal diet has been found beneficial, together with abasic purges occasionally.

*Remarks.*—Where the patient is young and plethoric, the local abstraction of blood, counter-irritants, a strict attention to the proper action of the bowels, and a spare diet, have been found to afford great relief; in cases more advanced, however, a more liberal diet has been attended with benefit, more especially when the patients are advanced in years, and consequently debilitated by long-continued excitement: in all cases I have found it absolutely necessary to pay the strictest attention to the action of the bowels, which are usually much overloaded, and frequently the receptacle of worms, which in many cases cause, and always aggravate, epilepsy.

*Remedies used in Cases of Epilepsy at Lancaster County Asylum, by Mr. Gaskell.*

Counter-irritants, chiefly issues, or setons, is those cases where the patients will willingly allow them to be inserted; but when annoying to the patient, they become a source of irritation, and consequently objectionable.

*Remedies used in Cases of Epilepsy at the Military Lenoir Asylum at Farmington, by Dr. Sillery.*

Attention to the general health is the only treatment adopted.

*Remedies used in Cases of Epilepsy at the Stafford County Asylum, by Mr. Wilkes.*

The cases of epilepsy usually sent to this Asylum are either connected with congenital defect, or are of such long standing, and so intense is degree, that any hope of cure, or material relief, is out of the question; and the only indication seems to be, to attend to the patient's general health, and guard against and relieve cerebral congestion. In cases of obvious debility, the employment of tonics is of use, especially those of the mineral class, as the preparations of iron, zinc, and the nitrate of silver. The excessive state of congestion which frequently occurs, is here treated by the free exhibition of purgatives, as large doses of calomel and croton oil; the application of leeches, or cupping to the temples; ice, cold lotions, and cold affusions to the head, blisters to the nape of the neck, stimulating pediluvia, and enemata, especially those containing turpentine and nuxvomica. While the diet should be non-irritating, it should not be stimulating; and the disposition to over-nutrition should be carefully guarded against. As a general rule, the free action of the bowels is kept up by the frequent exhibition of purgatives.

*Remedies used in Cases of Epilepsy at Prokham House Asylum, by Mr. James Hill.*

If attended with plethora, or determination of blood to the head, general bloodletting to a limited extent, or leeches to the temples, or cupping to the nape of the neck; cold applications to the shaven scalp; active purgatives, with occasional turpentine enemata, and antiphlogistic regimen; the head kept cool, and the feet warm,

afterwards a seton in the neck. If attended with debility, warm aperients, with tonics; the shower bath, mild nourishing diet, and every means to improve the general health.

Many cases are capable of being much benefited, but I have never known a single instance of a cure.

*Remedies used in Cases of Epilepsy at Camberwell House,  
by Mr. Paul.*

Epilepsy, as connected with insanity, is unfortunately a disease over which we have but little control. We have tried the vegetable and mineral tonics without any good result, particularly the various preparations of zinc, iron, and the nitrate of silver; but the greatest advantage we have as yet derived, has been from care and attention to the food and bowels.

With respect to diet, however, it is impossible to lay down any specific rule for epileptics; it must be varied according to the general health and different powers of the patient; but in most cases of mental disease, a generous diet appears to answer best.

*Remedies used in cases of Epilepsy at the Nottingham County  
Asylum, by Dr. Powell.*

An intractable disease: the remedies used have been ammonia, valerian, arsenic, nitrate of silver, benzoin, iron, quinine, in very large doses, and a most scrupulous attention to the quality and quantity of the food; shower baths, issues and setons.

*Remedies used in cases of Epilepsy at the York Lunatic Hospital,  
by Mr. Metcalfe.*

Some of the above remedies often necessary: in other cases, mineral tonics, zinc, argent. nitr., compound decoction of aloes, gentle purging, with occasionally a generous diet, and small quantities of wine; compound gallinular pill, valerian, and ammonia.

*Remedies used in cases of Epilepsy at Grove Hall, Bow, by  
Dr. Palmer.*

Epileptics are watched with particular care in reference to the state of the circulation, and local or general plethora, avoided or counteracted by purgatives, leeches, cold affusion to the head, and



occasionally blisters to the nape of the neck, the latter, however, have not been found of general utility in these cases. It not unfrequently happens that the blood is in an aœmic condition, in connection with epileptic irritation, and requires the administration of some preparation of iron, with the sulphate or the tincture of the sesquichloride, with a pure vegetable bitter, has been found the best form.

*Remedies used in Cases of Epilepsy, at the Middlesex (or Hanwell) Asylum, by Dr. Cowley.*

Cases of epilepsy being generally associated with occasional mania, are treated on the principles above-mentioned. In the fit, care is taken that the patient sustains no injury. Epileptics should sleep in low beds or cots, or beds on the floor. In the excited or maniacal state, nothing is done to irritate the patient. When restraints were resorted to, the epileptics were often furious, and generally dangerous; since their disease, the epileptic ward has become the quietest in the Asylum. I have never seen a case of epilepsy in an adult permanently cured by any medicine whatever. Attention to the general health, the occasional application of leeches to the head, blisters behind the neck; and, in some cases, an incision in the scalp, have served to lessen the cerebral congestion. Setons appear to me to be useless as well as cruel and all other modes of severe counter-irritation.



## PARALYSIS.

---

### *Remedies used in cases of Paralysis, by Dr. A. J. Sutherland.*

The recoveries in these cases are rare, I can only say that I have seen three cases which might fairly be called recoveries; two were put upon the bicloride of mercury, the other was treated with salines and counter-irritation; a fourth recovered for a short time who was treated with tartar emetic and blisters; flying blisters are, I think, preferable to setons in these cases; I sometimes use the t. lytta, but it is apt to create excitement.

### *Remedies used in cases of Paralysis at the Kent Lunatic Asylum, by Dr. Hazley.*

Almost all, except in very recent cases, in which we are disposed to resort to local depletion and counter-irritation for a short time, the latter particularly by means of the seton. Know no internal remedies of any use beyond such as assist in a general way, by regulating the excretory functions: any other medicines administered would be of the class possessed of toxic powers.

### *Remedies used in cases of Paralysis at Warriford Hospital, by Dr. Wistler.*

I believe the patients of this class may have a comfortable existence for many years by strict attention to diet, the secretion, and excretions, and being placed as much as possible free from excitement.

### *Remedies used in cases of Paralysis at Fairfield Asylum, by Mr. Rec.*

These cases require the greatest possible attention and care; a



generous diet, warm clothing, and warm yet well-ventilated rooms, together with the most scrupulous cleanliness, are of the greatest importance. By the occasional use of anarsena and tonics, with porous and nutritious diet, the lives of these affected persons can be greatly prolonged. From their great susceptibility to bed-sores, air or water-beds soon become necessary for their use in the advanced stages of the disease. As far as my experience goes, the malady is incurable; all that can be done is to palliate symptoms, and to avoid ulcerations and premature death by the above treatment.

*Remedies used in cases of Paralysis at Hull and East Riding Asylum, by Mr. Coates.*

When recent, cupping at the back of the neck, a dose of calomel, followed up by a mixture of salts and senna, alterative doses of mercury, afterwards friction to the part affected, setons, strychnia, iodide of potassium, warm baths in this form of insanity as well as that connected with epilepsy; cases are generally brought after having been perhaps attacked with paralysis many years before insanity, so that what I have generally seen have proved hopeless: when this is the case, setons I have found most beneficial.

*Remedies used in cases of Paralysis at the Surrey County Asylum, by Mr. Holland.*

In the early stages, counter-irritation, moderately good diet, trunks and shower baths, and occupation in the open air, but with the expectation of only temporary benefit; in the latter stages, tonics and stimulants.

*Remedies used in cases of Paralysis at the Surrey County Asylum, by Sir Alexander Morison, M.D.*

The same may be said as to the existence of organic mischief in cases of this description, of which a large number have been examined; the remedies employed have been, laxatives, leeches, blisters, generous diet and tonics, especially quinine.

In latest cases recourse has been had to water-beds on account of the extensive ulceration which frequently attends the termination of these unfortunate cases.

*Remedies used in cases of Epilepsy and Paralysis at the Kent County Lunatic Asylum, by Mr. Pogder.*

When organic mischief has taken place in the brain and symptoms of dementia supervene, or when insanity is complicated with paralysis or epilepsy, the case may then be considered hopeless in a curative point of view.

*Remedies used in cases of Paralysis at Oulton House, by Dr. Dalrymple.*

I have been guided by symptoms, and when occasion required, have used leeches, very rarely a seton; my treatment generally has been more careful and less active than in paralysis unaccompanied with insanity—if course the state of the bowels is strictly attended to. I have seldom had recourse to bloodletting in the cases which have come under my notice, the paralysis has been generally partial and slight and quickly recovered from, but has returned and ended fatally.

*Remedies used in cases of Paralysis at Danston Lodge Asylum, by Mr. Watson.*

I hold with Esquirol that the disease will run its course, and generally within two or three years carry off its victim. These cases, however, are of such rare occurrence at Danston Lodge, that I have not much practical experience to guide me. In one case I twice applied the actual cautery to the apex of the neck, but without any benefit.

*Remedies used in cases of Paralysis at Suffolk Lunatic Asylum, by Dr. Kirkman.*

Not much experience in this conjunction; it is somewhat remarkable that we have had very few cases of paralytic insanity.

Friction and the warm bath.

*Remedies used in cases of Paralysis at the Dorset County Lunatic Asylum, by Dr. Batton.*

Moderate abstraction of blood by leeches to the forehead, or cupping the nape of the neck according to circumstances; occasional administration of mild purgatives, mild mercurial course, combined

with tonics and stimulants; enemas, nourishing food, port, &c, wine, &c.

*Remedies used in cases of Paralysis at Shillingthorpe House, by Dr. Willis.*

If the constitution be afflicted by paralysis or epilepsy, the prospect is unfavourable; the general health must be attended to, the diet should be moderate, strict attention paid to the state of the bowels, but without diminishing the powers of the system.

*Remedies used in cases of Paralysis at Hook Norton, Angles, by Mr. Mallon.*

I have used diuretics where there has been oedema of the feet; where the strength appeared sufficient, the clusterum; but in other cases, where there has been great apathy of the system, I have employed the creosote and other stimulants with tonics and counter-irritants; in these as in the former class of cases, without the benefit I could wish.

*Remedies used in cases of Paralysis at the Cornwall County Angles, by Dr. Tyerman.*

General paralysis, shaves head and occasional local depletion by leeches or cupping; in some cases, in which congestive apoplexy occurs, general bleeding; counter-irritation of the nape or vertex, mustard, or moderate cold affusion or the shower bath, occasional mild aperients of calomel, with compound extract of colocynth; castor oil or sulphate of soda, with warm, nutritious non-stimulant diet.

*Remedies used in Cases of Paralysis, at Salop County Angles, by Dr. Oliver.*

I have few remarks to offer beyond those which I have made above, on the subject of epilepsy; the intention in either case being merely palliative. So far as my observations extend, a generous regimen would seem to be still more decidedly required in cases of this description than in any other. I believe that every thing which is calculated to sustain the tone of the system during the earlier stages of the affection will be beneficial; and that whatever is most powerful at a later period, in counteracting that state of the nutritive functions, which is characterised by the



tendency to the elimination of phosphatic salts by the urine, will be best adapted to the general exigencies of these cases. For controlling the tendency in question, and for allaying the irritation and distress which are apt to accompany it, I have found nothing equal to opium.

*Remedies used in Cases of Paralysis, at Hoxton House,  
by Dr. T. B. Brown.*

Moderate depletion, especially the local abstraction of blood, has been found useful in recent cases, and in all cases of congestion where the circulation did not contra-indicate its adoption; counter-irritation is in some instances a valuable remedial agent; Mercury as an alterative is extremely serviceable; aperients are much used; the assimilative process should be rendered as perfect as possible; and the prime vie free from irritable matter. The iodide of potassium is a very good medicine; and, combined with vegetable tonics, has led to more favourable results than any other single remedy. A warm temperature is generally desirable.

*Remedies used in Cases of Paralysis, at Hadham Palace,  
by Mr. Smith.*

In these cases I have found strychnia in all its forms prejudicial.

Nothing appears to me beneficial, but great attention to the general state of health.

*Remedies used in Cases of Paralysis, at Bethnal House,  
by Mr. Phillips.*

Extract of kymocyanus.  
Disulphate of quinae.  
Strychnia.  
Compound mixture of iron.  
Iodine.  
Tonics.

*Remarks.*—This form varies, in hemiplegia or paraplegia; the patient is often quiet and orderly, but vacant with impaired memory, picking and destroying clothes, dirty in habits, with a morbid appetite.

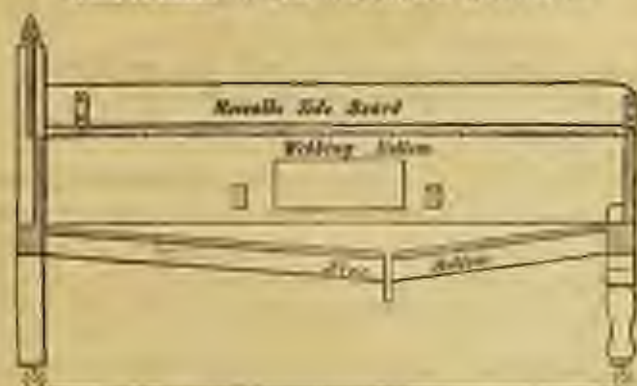
General paralysis (excitement) is often present with total loss of sleep; this excitement is sometimes observed to come on towards

evening; it continues through the night, when the patient becomes again tolerably tranquil; the appetite in this condition is for the most part capricious. Opiates have generally failed in these cases; the only sedative whose decided benefit has been observed has been the extract of hyoscyamus. Nervous power is invariably feeble, consequently we have found a generous diet indispensable, sometimes a stimulating.

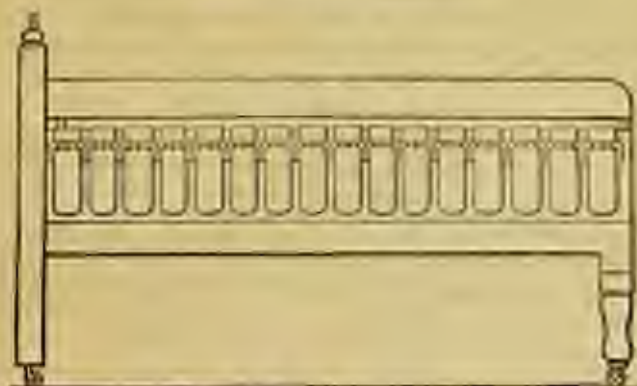
Mr. Phillips strongly recommends the use of a bed of a peculiar construction, in the treatment of those numerous cases of paralysis connected with insanity, to which from the deficiency of vital power the integument gives way, and the patient is afflicted with shaghlings over the sacrum and in other parts of the body. For these cases the hydrostatic bed has been used, as we have seen in other asylums; at Bethnal Green, a frame, with straps of webbing passing transversely under the bed, has been used for several years. Each band is fastened by a buckle, and one or two bands can be relaxed, so as to remove pressure from any part of the body lying on the bed, when there is any tendency to ulceration. The same method of drainage by a zinc bottom is placed beneath the bed, as in other beds constructed for patients of this class. A soft thin mattress is placed over the webbing bottom, and warmth is communicated to any degree that may be desired by a vessel containing warm water, in the hollow space between the webbing frame and the zinc bottom.

The accompanying sketch, which was drawn by one of the patients at Bethnal Green House, will give a better idea of the above described construction, than any words can alone convey. We consider Mr. Phillips' opinion, as to the superior utility of this sort of bed, fully established by the experience of Bethnal House Asylum. Among the patients in that asylum, there is generally a very large proportion of demented persons labouring under general paralysis in all its stages; but cases of extensive shaghlings which are elsewhere, and even where it is the practice to use the hydrostatic bed, very numerous, are scarcely found, and the existence of bed-sores, even when there are many patients confined to their beds, is almost prevented. At our last visit, when there were more than 200 patients in the house, there was not one instance of the kind.

## BEDSTEAD WITH WEBBING BOTTOM.



LONGITUDINAL SECTION.



SIDE ELEVATION.



PLAN OF WEBBING BOTTOM.



*Remedies used in Cases of Paralysis, at Northampton Lunatic Asylum, by Dr. Nobbitt.*

Porter and generous diet; aperient medicines as it may be indicated.

*Remedies used in Cases of Paralysis, at Beaumont Asylum, by Dr. Robinson.*

These are still more hopeless cases, being often connected with organic disease of the nervous centres; continued counter-irritation, local depletion, active purgatives, and the cautious employment of narcotics are frequently required. In an opposite, but less numerous class of cases, where the paralysis is apparently the result of exhaustion of the nervous power from previous excess, more benefit will be experienced from a generous diet, and the use of measures calculated to improve the general strength. In both cases, the tendency to the formation of bed-sores necessitates constant watching, with a view to their prevention.

*Remedies used in Cases of Paralysis at Laverstock House, by Dr. W. Fitch.*

Local bleeding, issues, and sears, aperients, tonics and great attention to cleanliness, in order to avoid as much as possible the sloughing sores, which so frequently accompany this form of disease.

*Remedies used in Cases of Paralysis, at Bristol Pauper Lunatic Asylum, by Dr. B. Doris.*

In those who have had apoplexy, pulse full, bowels having been well opened, the incision of the scalp is recommended by Dr. Prichard is had recourse to, followed by the use of strychnia, electricity, blisters along the spine; to those patients who are feeble and debilitated, nourishing diet with stimulants is supplied; counter-irritation is also used by mustard plasters, strong liniments, &c.

*Remedies used in Cases of Paralysis, at Grove Place, by Mr. Simpson.*

Good diet and warm clothing, with a careful attention to the state of the digestive organs,

*Remedies used in Cases of Paralysis at West York County Asylum, by Dr. Corallie.*

Partial paralysis; meat diet, purgatives, leeches, blisters, warmth to sustain the temperature of the paralysed part.

General paralysis; when unimixed, treated as mania.

When suffering convulsions; leeches, blisters, cupping, sinapisms, croton oil, strychnia, enemata.

Meat diet, beef tea, wine, brandy, warmth when necessary.

*Remedies used in Cases of Paralysis at the Retreat Asylum near York, by Dr. Thorman.*

In the earlier stages I have had recourse to bleeding, by leeches or cupping from the head, followed by blisters at the back of the neck; (mercury to incipient ptyalism?) with mild aperients, particularly the compound jalap powder. In the more advanced and confirmed stages, in connection with attention to the general health, I have seen benefit derived from the use of mild tonics, such as the bitter infusions, preparations of iron, and particularly the iodide.

*Remedies used in Cases of Paralysis at the Newcastle-upon-Tyne Lunatic Asylum, by Dr. Mackintosh.*

Little more is practised here than attention to the general health. Where paralysis is the result of intemperance, I have seen great good from a residence in an Asylum, the diet and exercise being properly regulated.

*Remedies used in Cases of Paralysis at the Lunatic Department of Harlee Hospital, by Dr. Anderson.*

Topical bloodletting by leeches; blistering by liquor vocutorius; cold affusion; aperients as in mania.

*Remarks.*—On the first attack of paralysis, which is the most frequent form of the disease, leeches and cold applications to the head, together with mild purgatives, are frequently had recourse to, but with very doubtful success. In chronic cases of paralysis, little can be done by medical treatment, beyond attending to the state of the bowels, and regulating the diet of the patient; this also applies as regards the therapeutic means to all the cases of general paralysis supervening on mental disease, which in

this hospital have invariably proved fatal in the course of four years; the average time of its termination being about two from the commencement of the unsteady and tottering gait, or when the articulation becomes indistinct and hesitating.

For the alows over the sacrum and trochanters that occur towards the termination of general paralysis, the patient is placed on Arnott's hydrostatic bed, poultices are applied until the sloughs separate, and the parts afterwards dressed with fat, covered over with soap, spread on leather.

*Remedies used in Cases of Paralysis at the Grove House Asylum,  
by Mr. Atkins.*

Blisters to the nape of the neck, and often leeches behind the ears, have been found useful in allaying particular excitement. Purgings with the compound powder of jalap, castor-oil, &c. But in these cases little can be done medically; great care and cleanliness are requisite in their management, together with a generous diet and moderate exercise.

*Remedies used in Cases of Paralysis at Farnwater Asylum,  
by Mr. Gillett.*

Tonic medicines such as gession, with orange and rhubarb infusions, and ginger, to give a warmth to the whole, carbonate of soda to correct acidity when present, and any other remedies calculated to keep up the tone of the stomach. A liberal diet, with ale or wine as the patient can take; great attention to warmth and cleanliness, exercise in the open air when mild, and amusements such as the mind is capable of receiving.

*Remedies used in Cases of Paralysis at Hereford Asylum,  
by Dr. Gilliland.*

I look upon those cases where paralysis occurs subsequent to or supervenes upon the mental disorder as generally hopeless. Unless where the first attack occurs under my own observation, I rarely expect any good from treatment; but when the first attack occurs in this house, I usually bleed by cupping or leeches as far as the strength will permit, with cold to the head, and mercurial purging at first, and occasionally at a later stage. I have tried the usual stimulants, such as strychnia, &c. but without effect.



*Remedies used in Cases of Paralysis at Fakenham House Asylum,  
by Dr. W. C. Fack.*

Mercury to affect the mouth; decoctions to the surface; strychnia in doses of one-twelfth of a grain, sometimes using one-sixth of a grain to a blunted part. Aloetic purges to determine to the lower intestines; turpentine clysters; tonics; exciting the skin to a healthy action by warm affusions and frictions; air, exercise, and warm clothing of flannel; generous diet, direct and diffusible stimuli.

*Remedies used in Cases of Paralysis, at Detox County Asylum,  
by Dr. Buckwill.*

When the patients are not admitted in a bed-ridden and ulcerated condition, good diet and regimen generally improve the strength, and the progress of the disease appears to be very slow. A few leeches are sometimes applied to the temples, when the face is apt to flush and the scalp to become heated. Having observed that some patients, who had sore legs, appeared to be more comfortable when the suppuration was free, I have tried setons, but cannot as yet give an opinion about their utility. In sinking cases, wine and porter are freely given, and sloughing sores are dressed with equal parts of tr. of kino and liq. of subacetate of lead, and a yeast cataplasma is applied for three or four hours every second day.

*Remedies used in Cases of Paralysis, at the Liverpool Lunatic  
Asylum, by Mr. Padley.*

The chief treatment consists in promoting the general health and strength by good diet, moderate exercise, warm clothing, sometimes an opient or tonic, and allaying occasional excitement by suitable purgatives; a cold application to the head when indicated; and quietude, sometimes in bed for a day or two.

*Remedies used in Cases of Paralysis, at Springfield House  
Asylum, by Mr. Harris.*

I have found that I could only apply the general principles of medical knowledge to its treatment, but, unfortunately, with but very little success. I regard it as betraying disease, not only of the motor and sentient portions of the brain, but of the reasoning or intellectual also.

*Remedies used in Cases of Paralysis, at the Retreat Asylum,  
Copleston, by Mr. Bush.*

My own personal experience of this and the above class of cases has been limited, but in those few which have come under my care, my attention has principally been directed to the safety and comfort of the patients, (by endeavouring to prevent injury to themselves or others;) cleanliness, warmth, both as regards temperature of room and clothing, good generous diet, tonics with wine, when indicated, and proper regard to the action of the bowels.

*Remedies used in Cases of Paralysis, at Bridlington House, by  
Drs. F. and C. Fox.*

We have arrested this disease by the use of iodide of mercury; by the prolonged application of open blisters to the parietal junction of the scalp, and by the use of the electro-galvanic apparatus to the affected portions of the body.

As such cases have generally occurred in aged or wasted constitutions, we have often had recourse to chalybeate medicines, but have experienced their injurious effects upon the mental disease. These cases are rarely presented to our notice in a curable state.

*Remedies used in Cases of Paralysis, at Leicester County  
Asylum, by Mr. Prouse.*

Strict attention to the proper action of the bowels; a highly nutritious diet; bark, wine, and malt liquor, with occasional bleeding to relieve local congestion, warm clothing and moderate exercise, have been found beneficial.

*Remarks.*—Little is to be done in cases of paralysis connected with insanity, beyond attending carefully to the proper action of the bowels, the promotion of warmth, gentle exercise, and a nutritious but carefully-regulated diet; the local abstraction of blood is sometimes necessary, and is always attended with relief, but the greatest caution is required in the use of this remedial agent.

*Remedies used in Cases of Paralysis, at the Lancaster County  
Asylum, by Mr. Gaskell.*

Counter-irritants, and the continued exhibition of small doses of bichloride of mercury, which appears to have some influence in

checking the progress of the affection when administered in the early stages.

*Remedies used in Cases of Paralysis at the Military Insane Asylum at Yarmouth, by Dr. Sillery.*

Attention to the general health, by a dissolving and stimulating diet, wines and porter, is all, apparently, that can be done.

*Remedies used in Cases of Paralysis at the Stafford County Asylum, by Mr. Wilkes.*

In cases of paralysis, connected with insanity, like those of epilepsy, are rarely sent to this Asylum before the disease is in an advanced stage, and so far as my experience goes, the patient is in a hopeless and incurable state. Life, in many cases, is prolonged by care and attention, and it is especially necessary to guard against congestion of the brain, and so to regulate the diet, as not to encourage undue nutrition and plethora, which is often attended with serious aggravation of the symptoms. The occasional exhibition of purgatives, and even those of an active character, are necessary to relieve congestion, and the tendency which usually exists to constipation. Local bleeding, by means of leeches, and cupping to the temples, behind the ears, or nape of the neck, is also employed; together with blisters and other counter-irritation, especially when there are symptoms of coma. The iodide of iron, and a mild mercurial ointment, combined in some cases with tonics, have been tried in this Asylum, but without permanent benefit; the organic changes in the brain upon which the disease depends, appearing to be beyond the influence of medical treatment.

*Remedies used in Cases of Paralysis at Proboscus House, by Mr. Hill.*

If recent, leeches to the temples, or behind the ears, followed by blisters to the nape of the neck; mild aperients (rhubarb with cream of tartar); tonics (the light bitter infusions), combined with diuretics; the feet kept warm, and occasionally immersed in warm water; generous diet.

By great care the disease may be retarded in its progress; but I have never met with a case of recovery.



*Remedies used in Cases of Paralysis at Conbernall House, by  
Mr. Paul.*

Paralysis, as connected with insanity, and the general paralysis of the insane, are most hopeless diseases. They baffle all treatment, and with epilepsy, form the great proportion of our mortality.

In the early stage of this disease, we attend to the general health of the patient, use counter-irritation, endeavour to guard against cerebral congestion, and adopt medicinal treatment as they arise.

Under this plan, the patient sometimes appears to improve for a few months together, but this is only fallacious; the disease returns, and steadily progresses to its close.

In the last stage there is intense debility and prostration of the whole nervous system, so evinced in the tendency to sloughing ulcers, and exhaustion of the powers of life from the slightest cause; and it is at this period of the malady, and when all treatment is evidently vain, that patients are brought to us. All we can do, is to endeavour to support the physical powers and prolong existence by nourishing diet, as meat, beef-tea, arrowroot, wine, &c.

*Remedies used in Cases of Paralysis at the Nottingham County  
Asylum, by Dr. Powell.*

In the early stages, small local bleedings; mild aperients; cold to the head; issues in the scalp; light, nutritious, and easily digested diet; acting on the kidneys by diuretics; attention to the state of the skin; an equalised temperature.

*Chronic state.*—Crotan oil, irritating applications to the scalp and in the course of the spine, general friction on the skin; galvanism or electricity.

*Remedies used in Cases of Paralysis at the York Lunatic  
Hospital, by Mr. Metcalfe.*

Depletion occasionally at first, but to a very limited extent, often a generous diet, with a cautious employment of tonics and stimulants, with occasional bleeding, purging, and blistering, even at the same time.

*Remedies used in Cases of Paralysis at Grove Hall, Bath, by  
Dr. Palmer.*

In cases of insanity, complicated with general paralysis, benefit

has sometimes accrued both to the mental and physical infirmity, by the continued use of decoction of cinchona, with ammonia and sulphuric æther; at the same time regulating the alvine evacuations and secretions by appropriate remedies. We have recently had the satisfaction of discharging a female patient of this class as convalescent, retaining only a very trifling defect in articulation. Inapparently apoplectic sound is mental manifestation, although at one time she lay prostrate and speechless for weeks together, and was suffering from bed-sores on the sacrum. Her improvement was effected by the use of the above medicines and the employment of generous diet, with porter and wine daily. The æther pervaded her whole system, and was continually being exhaled from the lungs and skin. In other cases, also, I have reason to believe that the fatal crisis has been deferred by the same method of treatment. From quines, or, indeed, any sedatives, in this malady, I have never seen any good effects; nor have setons or blisters appeared at all useful.

In cases complicated with hemiplegia, great care is taken to prevent cerebral congestion. Every probable cause is avoided, and any indications of its presence or approach are met by active purgatives, leeches, cupping or general bloodletting; cold lotions to the scalp, and a blister or seton to the nape of the neck. The only sedatives employed are the tincture of henbane, digitalis, and large doses of nitrate of potash.

*Remedies used in Cases of Paralysis, at the Middlessex (or Hanwell) County Asylum, by Dr. Conolly.*

The paralytic complication (*paralyse générale* of the French) makes great care necessary to prevent injury to the patient. Good food, porter, occasional tonics, and, in all cases, warmth and comfort, evidently prolong life for many years. The patients neither bear reduction nor excitement; even baths are scarcely to be recommended. Leeches and aperients are sometimes required to lessen congestion in the head. Small doses of calomel and opium have occasionally seemed useful; but I am satisfied that all specific modes of treating this form of paralysis are ineffectual as regards a cure. Many of the miseries of the malady, as uncleanness, aberrations, and fits of violent anger, are prevented or long retarded, by kind treatment, and the absence of all bodily restraint.





## APPENDIX (M.)

FORM OF ANNUAL ACCOUNT of Receipts and Payments by Treasurers  
of Asylums, pursuant to 8 & 9 Vict. c. 126, sec. 44.

## RECEIPTS.

1. From Interest on Monies Invested :—  
[State nature and amount of Securities.]

2. From Sales of—

1. Produce of Farm and Garden, and  
Live Stock - - - - -  
2. Barn - - - - -  
Bees - - - - -  
Rags and Old Stoves - - -  
Sundries - - - - -

3. Maintenance Account :—

1. Private Patients - - - - -  
[Distinguish Classes and Rates of  
Payment.]

2. Paupers :—

- (1.) From Unions and Parishes :—

1. In Counties and Boroughs Contribut-  
ing to Asylum - - - - -  
2. In other Counties, and Places not  
Contributing - - - - -  
[Enumerate Unions, &c. and state  
Weekly rates.]

## RECEIPTS—continued.

## Maintenance Account—continued.

(3.) From County and Borough Treasurers,  
for Vagrant Paupers, and Criminal  
Lunatics, respectively - -

4. From County and Borough Treasurers:—  
1. For Buildings, and Repairs, respec-  
tively - - -  
2. For Furniture, Fittings, &c. - -

5. From Voluntary Contributions:—  
[Distinguish Donations, Bequests, An-  
nual Subscriptions, &c. - -

6. Repayment of Expenses of Removals:—

7. Miscellaneous:—

Total of Receipts - - £

## PAYMENTS.

1. Monies (if any) invested during the Year :—  
 [State nature and amount of Securities.]

2. Salaries and Wages :—

1. Establishment :

Officers - - - - -

Attendants - - - - -

Servants :

In-door - - - - -

Out-door - - - - -

2. Occasional - - - - -

[State numbers and description of Officers, &c.  
 and their respective Salaries and  
 Allowances.]

3. Provisions, (including all Articles in  
 Dietary) :—

Ale and Porter, gallons, at -

Bacon, lbs. at -

Barley - - - - -

Beer - - - - -

Malt, quarters, at -

Hops lbs. at -

Brewer - - - - -

Gallons, at -

Bread lbs. at per 4 lb. loaf -

Butter cwt. qrs. lbs. at -

Cheese cwt. qrs. lbs. at -

Eggs - - - - -

Cider - - - - -

Coffee, lbs. at -

Currants, lbs. at -

Eggs, score, at -

Fish and Poultry - - - - -

Flour, sacks, at -

Grains, lbs. at -



## PAYMENTS—continued.

## Provisions—continued.

Meat,	lbs. at	-	-	-
Milk,	gallons, at	-	-	-
Oatmeal,	sacks, at	-	-	-
Peas,	bushels, at	-	-	-
Potatoes,	sacks or cwt. at	-	-	-
Raisins,	lbs. at	-	-	-
Rice,	lbs. at	-	-	-
Sugar—				
Loaf,	lbs. at	-	-	-
Soft,	lbs. at	-	-	-
Ten		-	-	-
Tobacco and Snuff		-	-	-
Turnips, Carrots, Onions, and other		-	-	-
Vegetables		-	-	-
Vinegar, Salt, Mustard, Pepper, and		-	-	-
Spices		-	-	-
Miscellaneous, as Arrow-root, Sago, &c.		-	-	-

## 4. Necessaries, Fuel, Lighting, and Washing:—

Candles:				
lbs. Mottids at	-	-	-	-
lbs. Dips at	-	-	-	-
Coals,	tons, at	-	-	-
Coal,	tons, at	-	-	-
Gas (Gasfittings, &c.)	-	-	-	-
Oil,	gallons, at	-	-	-
Soap,	cwt. qrs. lbs. at	-	-	-
Soda,	cwt. qrs. lbs. at	-	-	-
Starch and Blue	-	-	-	-
Washwomen	-	-	-	-
Wood	-	-	-	-

## 5. Surgery and Dispensary:—

Drugs	-	-	-	-
Leeches	-	-	-	-

## PAYMENTS—continued.

Surgery and Dispensary—continued.

Wine and Spirits

Occasional Medical Assistance

Sundries

## 6. Clothing —

Bonnets

Dresses and Gowns

Calico

Flannel

Flannel Waistcoats

Hats

Leather

Linen

Shirts

Shoes

Shoemaker

Stockings

Tailor

Thread, Needles, &amp;c.

Sundries

## 7. Furniture and Bedding —

Beds

Bedsteads

Blankets

Chairs, Tables, and Benches

Counterpanes

Crockery

Culinary and other Utensils, Brushes,  
Mops, &c.

Curtains

Pillow Cases

Sheeting

Straw, Cob, and other materials for  
Bedding

Towelling, &amp;c.

Sundries

£

## PAYMENTS—continued.

8. Funeral Expenses:—  
 Coffins and Shrouds - - - -  
 Bearers - - - -  
 Burial Fees - - - -

9. Building and Repairs:—  
 Blacksmith - - - -  
 Bricklayer - - - -  
 Carpenter - - - -  
 Cartage - - - -  
 Glazier - - - -  
 Ironmonger - - - -  
 Labour - - - -  
 Painter - - - -  
 Plasterer - - - -  
 Plumber - - - -  
 Slater - - - -  
 Stonemason - - - -  
 Bricks and Tiles - - - -  
 Lime - - - -  
 Paint - - - -  
 Timber - - - -  
 Other materials - - - -

[Distinguish how much (if any) of Total contributed from Voluntary Funds, and how much defrayed out of County or Borough Rates.]

10. Garden and Farm Expenses:—  
 Horses, Cows, Sheep, Pigs, and other Live Stock - - - -  
 Implements of Husbandry, &c. - -  
 Labour - - - -  
 Manure - - - -  
 Provender for the Live Stock - -  
 Seed - - - -



## PAYMENTS—continued.

## 11. Miscellaneous:—

Advertisements, Printing, Postage, and Stationery	-	-	-	-	-
Insurance, Rates, Tithes, Taxes, &c.	-	-	-	-	-
Law Charges	-	-	-	-	-
Removals, Expenses of	-	-	-	-	-

[Under Miscellaneous Expenses should be included all Payments not coming under any of the before-mentioned heads.]

Total of Payments

£

NOTE.—At the foot of each Statement there should be a Summary of the cost per head, per week, under the different heads of the Expenditure, as—

Provisions.
Clothing.
Necessaries.
Salaries and Wages.
Surgery and Dispensary
Other Expenses.

There should also be given the aggregate Number of Days of residence of Patients.

## BALANCE SHEET,

or

GENERAL STATEMENT OF THE RECEIPTS AND PAYMENTS ON ACCOUNT OF THE \_\_\_\_\_ COUNTY LUNATIC ASYLUM,  
Between 1st January and the 31st December, 1845.

Receipts.				Payments.			
	£	s.	d.		£	s.	d.
To Balance in hand on 31st December, 1845	-	-	-	1	Mortgages (if any) invested during the Year	-	-
Receipts under the following heads; viz.—				2	Salaries and Wages	-	-
1 From Interest on Mortgages invested	-	-	-	3	Provisions	-	-
2 From Sales and Produce of Labour, &c. &c.	-	-	-	4	Necessaries, &c.	-	-
3 Maintenance Accounts, viz.—				5	Surgery and Dispensary	-	-
Private Patients	-	-	-	6	Clothing	-	-
Pauper Ditto	-	-	-	7	Furniture and Bedding	-	-
4 From County and Borough Treasurers,—For Buildings and Repairs, Furniture, Fittings, &c.	-	-	-	8	Funeral Expenses	-	-
5 From Voluntary Contributions	-	-	-	9	Building and Repairs	-	-
6 Repayment of Expenses of Removals	-	-	-	10	Garden and Farm	-	-
7 Miscellaneous	-	-	-	11	Miscellaneous	-	-
Total Receipts	£				Total Payments	-	-
					Balance in hand on 31st December, 1846	-	-
						£	















## Date Due

YALE  
MEDICAL  
LIBRARY

Demco 293-5

G5  
847R



